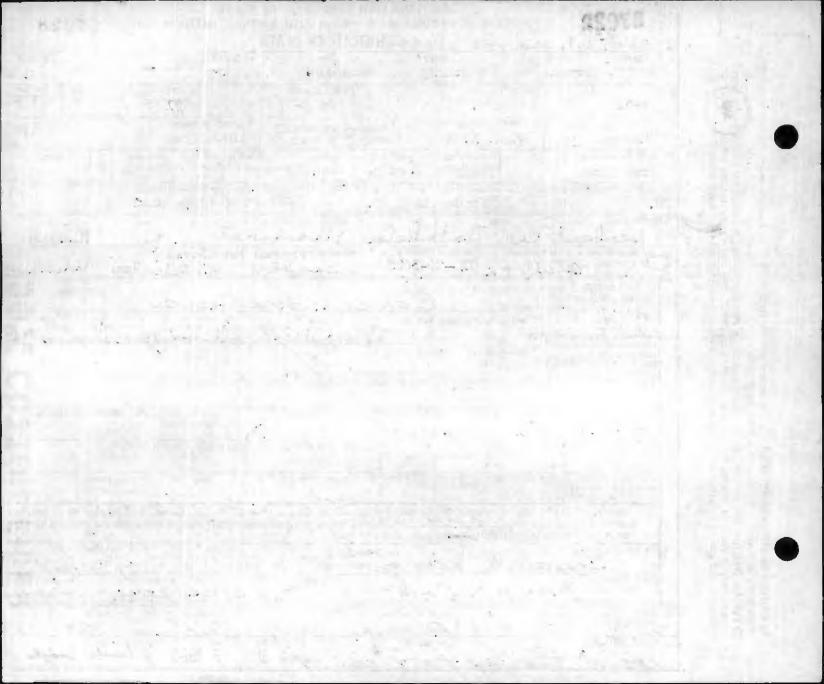
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07027 DECEASED-NAME First 20. DATE KNOWNET Month (Type or Print) OF EST<sub>1</sub> 3 to Poge Bartlett Earl DEATH MATED [X] 19 3. SEX 4. RACE IF LINDER 1 YEAR S. DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR ond last birthday) April 25. Male White YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Poges 1, Office along with form (OUNTO) abama U. S. A. WIDOWED [ DIVORCED 3 Frederick 10. CITY OR TOWN OF DEATH after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR West South Street Frederick 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b Frederick Item 18. 113 W. South Street Frederick hours land 2 after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lost James Bartlett Allison Lou word "pending" in pencil in the Chief Medical Examiner's pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Frederick, Md. This certificate should be executed within (Yes, no, or unknown) 09 98山 Mrs. Mary Simpson, 113 W. South St. File event within 18. CAUSE OF DEATH (Enter only one couse per line fp-(q), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0) D removal. used ( CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. pe YES DR NO [ 4 should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING MEDICAL DICAL EXAMINER: cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK buriol 220. I certify that I took charge of the remains described above, held an Autopsy may be retoined for FUNERAL DIRECTOR: Inspection Inquiry and in my opinion the funeral director. Natural causes X, Accident , Suicide , Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE May DEPUTY MEDICAL EXAMINER Heolth Robert J. Yhomas, M. D.812 Toll Houserstone, Ryaderick, Md. 0 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) PUREMOVAL (Specify) May 10, 1968 Mount Olivet Cemetery Frederick Md. Frederick 24. FUNERAL DIRECTOR M. ADDRESS Fadeley 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) M. R. Etchison & Son, Frederick, Md.

07032 the sales of the s Services and Mark of the Company of

250 BECD BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR



and 2

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eoth

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

.,4529

	ECEASED-NAME Type or print)	First S. INNA	Middle	lost Rel	/ 20.	DATE OF DEATH Month	Day 3	Year 1968	26. HOUR 2 40p			
3. SE	X	4. RACE		S. DATE OF	BIRTH	6. AGE (In y		F UNDER 1 YEAR	IF UNDER 24 HRS.			
	Female	W	nite	Feb.	23-1888	dest birthde	YRS.	OAYS DAYS	HOURS MIN			
	BIRTHPLACE (State or fore ntry) Md.	ign 7b. CITIZEN OF WH		B. MARRIED X NEVER MA	ARRIED 9. CO	Frederic			M			
10. (	TITY OR TOWN OF DEATH Frederick	give st	treet address)	ITUTION (If not in hospital emorial Hosp	during most of	UPATION (Kind of wor working life, even if r emaker		12b. KIND OF I	BUSINESS OR			
	USUAL RESIDENCE (Where issian) STATE Md	a deceased lived, if institution	an: Residence befare		13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUI 729 Trai		nue				
14. 1	FATHER'S NAME First	.ram	lost Derr	15. MOTHER'S /	MAIDEN NAME First	orence	Middle	McC.	lost Lain			
16a.	(es No ar unknawn)	U.S. ARMED FORCES? I yes give war or dates of service)	166. SOCIAL SECURITY NO 214-10-20		E. Bell-7	29 Trail A	ddress ve • -F1					
	PART I. DEATH WA	DUE TO, OR A h gave (a), (b)	S A CONSEQUENCE OF	time Has	1- Fails	us leart le	sins	APPROXIM BETWEEN ON	NATE INTERVAL USET AND DEATH  The '			
CERTIFICATION	190. DATE OF OPERATION		2-			20b. IF YES, WERE FI CAUSES OF DEATH?		SIDERED IN CE	RTIFYING			
MEDICAL CES	21a. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, natify medical contribution of the contribution of th	SE OF OEATH I examiner) HOUR A.M. P.M.	Manth Day Year			e af injury in Part 1 a		m 18.) Caunty	State			
	22a, I certify that	22a. I certify that (1) (this hospital) attended the deceased from 1965, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obave, (1) (we) (did) (and not) view the body after death.										
	22d. PHYSICIAN'S NAME (Type)	Dr. A. A. Pe	se Sz	DEGREE PHYS. 22e. AL	DIRECTO	ederica	13/h	13/6	58			
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE May 16-1968		emetery or crematory.vet_Cemeter		LOCATION (City of fo		(Caunty) 21701	(State)			
24.	FUNERAL DIRECTOR TO M. R. Etch	Curred Son	Frederi	Whitmore ck, Md.	2Sq. REC'D BY REG		GISTRAES SIG	wer g	de			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fitted in by different page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs JOM REV.

49374 420 Andrew Carlot (187) - Property of the Carlot Carlot and position of the last ENGLISHED STATES general state of the Jean the state of the s

THE RESERVE OF THE PARTY OF THE PROPERTY OF THE PARTY OF GEORGE and the second of the second o the first of the state of the s ANNA MERCANIA MANAGAMBAN MENERALA MENERA MENERALA MENERALA MENERA MENERA MENERALA MENERA MENERA MENERA MENERALA MENERA V J-STILL g s s s s s s s s s s s Court of the State of the State

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.0000		CERTIFICATE	OF DEATH		01 1 0	S.L
1. DECEASED-NAME First	Middle	Lo	st CASSELL	20. DATE OF DEATH		2b. HOUR
(Type or print) MILLEF	R BRINDLE	CAS	SELL	May	29 1968	5p. 1
3. SEX	4. RACE		E OF BIRTH	6. AGE (In years		HOURS MIN
Male	White	Aug	ust 3, 18	87 (ast birthday)	***************************************	
7a. BIRTHPLACE (State or foreign country)	75. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEV	DIVORCED	9. COUNTY OF DEATH Frederick		Md
10. CITY OR TOWN OF DEATH Braddock Heights	11. NAME OF HOSPITAL OF VINCADORIA C	NINSTITUTION (If not in ho		AL OCCUPATION (Kind of work don ostof working life, even if retired		
13a. USUAL RESIDENCE (Where deceased admission) STATE Mary Land	d lived, if institution: Residence before the county Frederick	Frederick	1 4400 5 3 444	13e. STREET AND NUMBER 0 28 W. South	Street	
14. FATHER'S NAME First	Middle Las	t IS. MOTH	IER'S MAIDEN NAME F	First Middle		Last
Levi	A. Casse	וו	Marga	ret	Brind	le
160. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECUR		ANT	Address		
Yes, na, or unknown) (If yes give wor	r or dates of service) 220 16	1179 Verno	n M. Cass	ell Braddock He:	ights, Md	•
Canditions, if any, which gave is to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COND  190. DATE OF OPERATION 19b. CO	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  DITIONS CONTRIBUTING TO DEATH BU  ONDITION FOR WHICH OPERATION WAS  [21b. TIME OF INJURY	OF EFLOW OF TWO SPERFORMED 20	Carsho ERMINAL DISEASE ORI CALL  AUTOPSY? YES NO	CONDITION GIVEN IN PART 1(a)  20b. If YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CER	ETIFYING
(If either, natify medical examine		19	Street or R.F.D. No	). City or Town	County	State
22a. I certify that (I) (this saw the deceased alicauses stated above, 22b. SIGNATURE	s haspital) attended the dece ive an along sec (I) (we) (did) (did not) view the Lane	DEGREE F	ATTENDING PHYS. 2e. ADDRESS	MED. STAFF [ 2]	2c. DATE SIGNED	(I) (we) last nd fram the
	2 1,1968 Mount	of CEMETERY OR CREMA	neterv		(County) rederick	(Stote) Md•
	& Son. Frederic	ESS Fudele	250. REC'D E	N 3 1968 REGISTRA	R'S SIGNATUR	ye.

DATE JUN

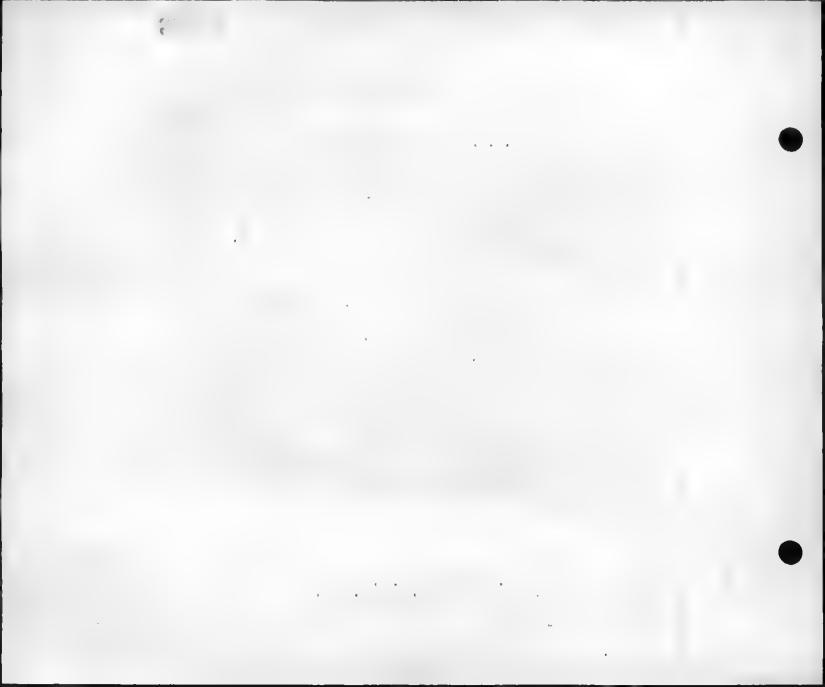
R. Etchison & Son, Frederick, Maryland

and 2 after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon page shauld be stiled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within

VR ALS



1	Ite	em 2a Film G401 5/31/tMARYLAND STATE DEPARTMENT OF HEALTH	www.A.woo.a	_
FOD CTATE	H	ems 21a-220191510N OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAI 1m 401 5729/68 ams MEDICAL EXAMINER'S CERTIFICATE OF DEAT	ALTAMO SISOS C	17020
FOR STATE HEALTH DEPT.	-	DECEASED NAME First Middle Lost		3 .
× ₽ 8 2 ×		(Type or Print) PAUL JOSEPH DEMINNIS	OF ESTI- DEATH MATED 2 5 1	
delay A3. Pac	3 5		2r. DATE PRONOLINGED DEAD	2d. HOUR
M3. T	M	Male White 10-6-1950 17 YRS MONTHS DAYS HOURS M	Month May Day 17	Year 19 68 N
Detp P		BIRTHPLACE (State or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED X 9 ( ntry) Maryland U.S.A. WIDOWED DIVORCED	OUNTY OF DEATH Frederick	ås
Pages Pages with for	10 (		OCCUPATION (Kind of work done 12	b. KIND OF BUSINESS OR
after death 8 Give Page alang with with the Sta		Frederick gve street oddress) South Mountain during mos	t of working life, even if retired ) 11N	DUSTRY
haurs after death lem 18 Give Pages 1, Office along with form 1 and 2 with the State Death.	13o o	USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR YOWN commission) STATE Maryland 3b COUNTY Howard Elkridge		
haurs Item 18 Office and 2		FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME FI	st Middle	Lost
24 horized fin lite ris Offers affers of the second ris of the second rise of the second			B. Smith	
hin nine page hau		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It yes give war or dates of service) 16b SOCIAL SECURITY NO Mr. John DeMinn	is, 3 Leaf Lane	
id with period of the File in 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in itel Medical E. ansit permit F event within		PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Fractured skull, lacerated	brain,	
e execut pending ef Medico isit permi		V. 41, 4 DUE TO, OR AS A CONSEQUENCE OF		
"pe "pe "par prisit		(conditions, if ony, which gove) (b) crushed chest, multiple fr	actures	
ward ward the Ct rial-tro		rise to immediate couse (a), stolling the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
shauld a the G burial-tro		bst. internal injuries		
This certificate shauld be executed cate, writing the ward "pending" is be forwarded to the Chief Medical be used as a burial-transit permit in remayal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	TION G VEN IN PART 1(o)	
riffic ard ord val,	NO.	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION		20 AUTOPSY?
This certificate, writting for forward	Z.	WAS PERFORMED?		YES NO
This create, be for be u	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter n	oture of injury in Port 1 or Port 2, Hem	
	OICAL (	PRIMARY SOR CONTRIBUTING PAW 5/15 19 68  Airplane cra		10)
she of the of th	MEC	21d INJURY OCCLRRED 21e P.ACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No		County State
EXAMINER: cute the certi age 4 shauld r yaur files. :Page 3 shaul		AT WORK AT WORK AT WORK AT WORK South Mountain	nr. Frederick Cou	inty Md.
L EXA tecute Page far yai		220. I certify that I took charge of the remains described above, held an Autopsy ,	Inspection , Inquiry ,	and in my opinior
bur City		deoth resympt from: Natural causes , Accident X, Suicide , Hamicide [	Undetermined manner	
lease directe traine DIREC		CHIEF MED CAL EXAM		
al o la o la contrarrente de la		SIGNATURE TO ASS STANT MEDICAL	EXAMINER 226 DATE SIGNAMINER 5	SNED
To DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		Robert J. Thomas. M. D. DEPUTY MEDICAL EX NAME (Type) 812 Tol House Ave. Fred. Md. ADDRESS(Street, cty	MINER D	1//00
o Di the 5 m 6 FU	230			ounty) (Stote)
<b>⊢</b>		BURIAL (Specify) 5-20-1968 Meadowridge Cemetery	Howard County, Ma	**
BX R		FUNERAL DIRECTOR ADDRESS 250 REC'D BY	REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
VR A15ME (6)	H	Howard H. Hubbard, 4107 Wilkens Ave. 21229	2 1968 2 and	3 Just to



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Leath certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeradirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and 53bould be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

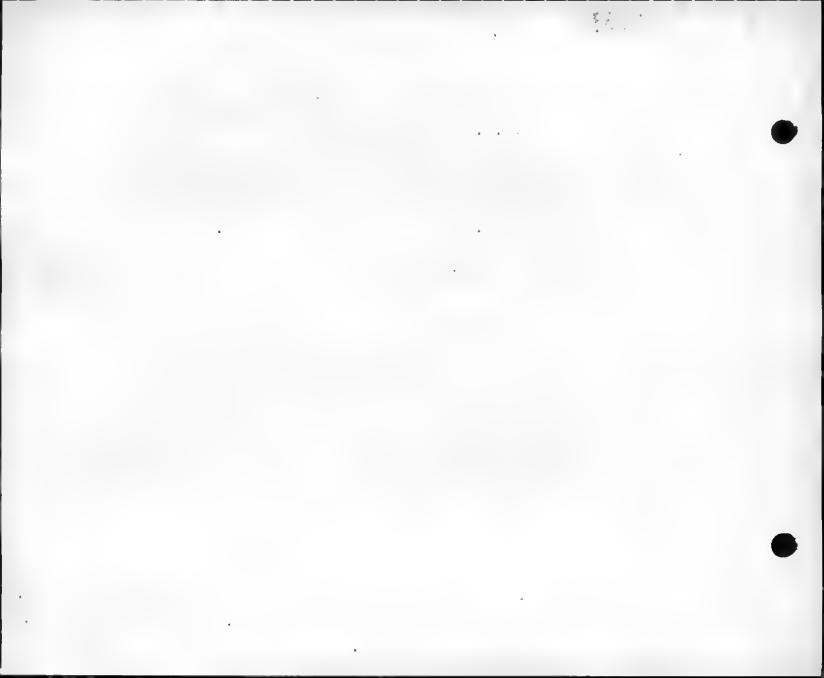
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07833

		ECEASED-NAME First Type or print)	Garf Holde	Floök	20. DATE OF OEATH Month 5 Boy 2	7 Yeor 6 82b. HOUR
the tunges I of a aftered	3 5	male Har	4 RACE white	s DATE OF BIRTH 1382	6. AGE (In years last birthday) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS OAYS HOURS M·N.
d in by pers. P 72 haur	7a cou	BIRTHPLACE (State or face grantry) Mary Land	0.5.11	WIDOWED DIVORCED	county of DEATH Fraderick	Md
ely fille ban pa within 94	1	CITY, OR TOWN OF DEATH	J. NAME OF HOSPITAL OR INS	emorial during mo	L OCCUPATION (Kind of work done lost of working life, even if retired.)	125 KIND OF BUSINESS OR INDUSTRY
camplet ave car y event,				BURKITTSVIEGONO	orura!	
on and ise rem id in an	L	FATHERS NAME Franti		IS MOTHER'S MAIDEN NAME FI		ler
physicie en plea oval, ar		WAS DECEASED EVER IN U.S. ARI Yes, ad to unknown) (If yes give v	ror or dates of service) 114-34-0	17 INFORMANI Ernie Flook	Brunswick, ar	yland  APPROXIMATE INTERVAL
by the attending phy ransit permit. Then crematian, ar remova		PART I DEATH WAS CAUSE	ATE CAUSE (0)	en frat far	luce	BETWEEN ONSET AND DEATH
by the attending physician and campletely filled in ransit permit. Then please remave carban papers. crematian, ar removal, and in any event, within 72 h		Conditions, if dny, which gove the toler immediate couse (o),	(b) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	osclerated live	ut disease	yea-
signed by the burial-transit burial, cremat		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	AN DELAYED AD THE WERMANIA D. COSE ODG	ONDITION CHIEF IN DADT 1/_>	/
	NO	* Cerel	CONDITION FOR WHICH OPERAT ON WAS PER	OT RELATED TO THE TERMINAL DISEASE ORGI	20b. IF YES WERE FINDINGS CON	SIDEBED IN CERTIEVING
icate has been far use as the Health priar ta	CERTIFICAL	210 ACCIDENT WAS UNDERLYIN		YES NO D	CAUSES OF DEATH?	
W-	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Doy Yeor ner) P.M. 19	·	. ,	County State
fter this certi be detached State Dept. a		While Not while at work	OFFICE BUILDING, ETC.			
P e		couses stoted obov	live on	d from: 5//5, 19-6 965, and that in (my) (aur) орн ady after death.		
DIRECT ge 3 sh led with		226 SIGNATURE	B. Tuoma	DEGREE PHYS.	RECTOR STAFF 22c DA	TE SIGNED
IO FUNERAL DIRECTOR director, page 3 shou Stabould be filed with it	4	JAME (Type) James			i nal .ldg. Fre	
director,		BLRAL CREMATION, REMOVALISMONTAL  FUNERAL DIRECTOR	5/29/68 Jhurc.	cemetery or crematory of Bretheran C		(State)
VR ATS (4) 30M REV 1/68	7	ete times	le Home runswic	k, I.d.		res Judge



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

1		00020	DIVI.	31011 01 1	TIAL RECORDS,	CERTIFICA		DEATH	ione, man	I DATED ZI	201	u7.	031
1		CEASED NAME  YPE or print) Ann	First	в.	M ddle Fox		Last		20. DATE OF	DEATH Ia Month	7 Day	1988	β: 30 A
	3 SE	x 'ema <b>le</b>	4 R	ACE Whit	е		Jan.		907	6 AGE (In ye	ors I y) M	FUNDER LYEAR CONTHS DAYS	IF JINDER 24 HRS HOURS MIN.
	caun	Fred. C		TZEN OF WHA USA		8. MARRIED E	DIVOR	CED		eder:			M
١	t",	ITY OR TOWN OF DEATH Pocky Ridge		give st	ME OF HOSPITAL OR IN reet address) OW	n Hom	9	duringmost	occupat on	ife even if re	etired )	126 KIND OF E	BUSINESS OR 1 Home
	odmi	USUAL RESIDENCE (Where ssion) STATE Md.	leceased lived	COLUMN	n Residence before	Rocky	R.	36. INSIDE CITY LIMIT		RFD			
	14. F	Thomas O.	Wast		Lost		MOTHER'S MA	Gertr		Pyle	iddle		last
	160. Y	WAS DECEASED EVER IN U. es, na, ar unknawn)	S. ARMED FOR as give war or date:		None		ormant cse l	. 1 OX	२०८		dress		ATE INTERVAL
	N	PART 1 DEATH WAS IN	gave ) (a), (b)	(b) OR AS	A CONSEQUENCE OF  A CONSEQUENCE OF		THE TERMINAL	DISEASE OR COM	CO C	IN PART I(a)			
:	CERTIFICATION	19d DATE OF OPERATION	19b. CONDITI	ON FOR WHIC	H OPERATION WAS PE	ERFORMED	20a. AUTOF	NO [		YES, WERE FIN OF DEATH?	IDINGS CON	SIDERED IN CE	RTIFYING
	MEDICAL CER	21 a. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, natify medical and INJURY OCCURRED	OF DEATH	HOUR A.M. P.M.	Manth Day Year	9		JRRED (Enter n		y in Part 1 ar	Part 2, Ite	m 18.) County	State
		White Not while of wark			OFFICE BUILDING ETC.	/			`.	77.			
		22o. I certify that ( saw the deceas causes stated o	) (this hos ed alive ai bove, (1) (	pital) atter n we) (did) (	nded the deceas 4 2 did not) view the	ed fram 19 <u>4</u> , and body ofter de	thot in this	, 19_ <u>/_</u> ] (aur) opini	Z, to on death o	ccurren on	, 19 <u>_</u> the date	///, thot ond hour c	(d) (we) los ind from the
		22d PHYSICIAN'S	14/1	Me	enunga	LEY DEGREE	ATTENDIN PHYS	DIRI	ECTOR L	STAFE PHYS.	5	TE SIGNED	6.8
		NAME (Type)  BURIAL, (REMATION, REMOVAL (Specify)	Zeorg 23b. DATE		ningsta   23c NAME OF	CEMETERY OR C	REMATORY	]	Emmit:	N (City or Tav	vn)	(Caunty)	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 ond should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours pfile report 30M REV 1/88

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dooth certificate be executed within 21 hours after death.

Page 4 may be retained by the hospital or attending physicion.

FUNERAL DIRECTOR

Thurmont,

2Sa. REC'D BY REGISTRAR 5 356 REGISTRAR S SIGNATURE



11-	tem # 13e film G401 5mar tand State Department of Health
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20 DATE KNOWN Month Doy Year 2b HOUI (Type or Print) Tohn T Frank ) OF ESTI-
Page Page	DEATH MATED X > 1000
Man de	3 SEX Male  4 RACE S DATE OF BIRTH Sept. 9, 1893  74 Hoday) MORTHS DAYS HOURS MORTHS DAYS HOURS MIN MORTH May Doy 16, Year 1968  2 DATE PRONOUNCED DEAD Month May Doy 16, Year 1968  3 a
	70 B RTHPLACE (State or loreign   75 CT ZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARR ED   9. COUNTY OF DEATH   100
deoth ve Page with f	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (if not in haspitol give street address)  120. USUAL OCCUPAT ON (Kind of work dane during most of working) fe, even if retired)  120. USUAL OCCUPAT ON (Kind of work dane during most of working) fe, even if retired)  120. INDUSTRY None
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Exominer's Office along with form files.  3 should be used as a buriol-transit permit File pages I operate the State Diation, or removal, and in any event within 72 hours a second in the State Diation, or removal.	Montevue County Home   Retired Handyman   None
urs ice in	Maryland Frederick Frederick Salve I Modifie Lost Is Mother's MalDen NAME First Middle Lost
Her Her I los	John Frank Eleanor KXXXX Correll
hin 24 nol in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
with year xorm xorm ile p	(Yes. no, or unknown) (if yes give wor or detes of service) 150-03-7752 Mrs. Anna Hughes 119 Hill Place Watching N.
bical EXAMINER: This certificate should be executed within se execute the certificate, writing the word "pending" in pencil setor. Page 4 should be forwarded to the Chief Medical Examinened for your files.  ECTOR: Page 3 should be used as a buriol-transit permit File page 5 burial, cremation, or removal, and in any event within 72 hours.	1B. CAUSE OF DEATH (Enter only one couse per line flor) (o), (b), and (c).) PART I. DEATH WAS CAUSED BY
be executed "pending" in nuef Medical Eansit permit Fevent within	IMMEDIATE CAUSE (a)
e en Per	Canditions, if ony, which gave
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shou e wc o the ouriol in a	lost. Severe Wephrocleuses
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tifica arde arde d os	5 443 X
INER: This certificate certificate, writing the should be forwarded to files.  3 should be used as a bacton, or removal, and and the certification, or removal, and the certification.	190. DATE OF OPERATION 196. COND THON FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO  210 EXTERNAL CAUSE WAS 210 I TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter pature of injury in Port 1 or Port 2, Item 18)
This licote be d	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
ertif ertif ould on, o	PRIMARY OR CONTRIBUTING HOUR A.M  CAUSE OF DEATH P.M. 19  21d. NJURY OCCURRED 21e PLACE OF NJURY (At home, form, street 21f LOCATION Street or R. E.D. No. City or Town. County Stote
(AMINER: te the certil te 4 should rour files. age 3 shoul	
XAA Jite 1 ge 4 your Page crei	AT WORK AT WORK
Xecu Xecu Por for OR: rrial,	22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apmia
director director stoined DIRECT	death resulted fram. Natural causes 🔀. Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍
dir.	ACTUAL CHIEF MEDICAL EXAMINER CHIEF C
UTY, Dry, Dero Pri	MONATURE CONTROL OF THE CONTROL OF T
o DEPUTY necessory, the funerol 5 may be r o FUNERAL	EXAMINER'S NAME (Type) Dr. Robert J. Thomas M.D. ADDRESS(Street, city, town, or county)
TO DEPUTY DICAL EXAMIP necessory, please execute the the funeral director. Page 4 sl 5 may be retained for your five Funeral Director. Page 3 Health prior to burial, crema	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
130	Burial 5-18-1968   Mount Olivet Cemetery   Frederick Frederick Md.
VR A15ME (5)	Robert E. Dairey & Son Frederick, Maryland MAY 2 1 1968
10M REV 1/68	Worder or Darres and . Lienerrow war Ardwin INLI Or 1000



MARYLAND STATE DEPARTMENT OF HEALTH OF VITAL RECORDS, 301. W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2n DATE OF DEATH DECEASED-NAME First Lost 2b. HOUR (Type or print) Yeor 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In Jeors IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS 16 may 13 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give\_street address) during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN IS A INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO. Walkersvill Frederick Street 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line\_for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M / AT HOME, FARM, STREET FACTORY. | 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work

City or Tawn

County State

22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 1968, and that in (my) (aur) opinion death accurred on the date and hour and from the saw the deceased alive ancauses stated abave, (1) (we)-(did) (did not) view the bady after death.

ATTENDING DEGREE

22e. ADDRESS

DIRECTOR

250 REC'D BY REGISTRAR

STAFF

22c DATE SIGNED

REGISTRAR'S SIGNATURE

22d. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION

REMOVAL (Specify) FUNERAL DIRECTOR

22b. SIGNATURE

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

25b.

(State) (County)

physician and completely filled in by

remave carbon papers.

within 72

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any

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signed by the attending physician of burial-transit permit. Then please burial, cremation, ar remaval, and it

be detached for use as the State Dept. af Health prior tal

requires that the dmath certificate by executed within 24 ha

attending physician.

by the haspital ar ATTENDING PHYSICIAN:

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Page 4 may

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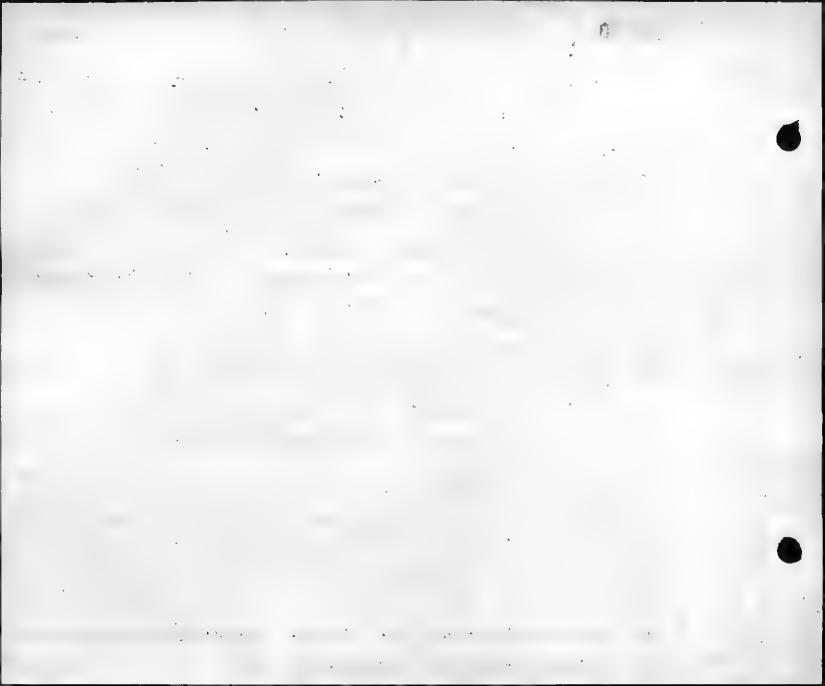
O FUNERAL DIRECTOR: After this certificate

should filed with the

VR A15 (4) 30M REV, 1/68

be filed

director, should b



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 20 DATE OF DEATH 25 HOUR TO Month 3 Day 1 96800 (Type or print) 3:15 Vincent Gardner Hav Raymond 3 SEX 4. RACE 5. DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS. 1.901 6 AGE (In years last birthday) October Male White 9 COUNTY OF DEATH 7a BIRTHPLACE (State as fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED THE NEVER MARRIED THE Frederick country) U. S. A. DIVORCED [ WIDOWED [7] 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even fretired)
Prof Ball player give street address) INDUSTRY Frederick Frederick Mem. Hospital 13e STREET AND NUMBER 13d THISIDE CITY LIMITS? Frederick Frederick YES [ NO S Route 7 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Virginia Franklin Alice Watkins Gardner Thomas 166 SOCIAL SECURITY NO. A 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Id. Yes, no or unknown) Mrs. Lorette G. Harley Gardner-Rt. 216-14-5537 7-Frederick 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS\_A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a) DUE TO, OR AS A TONSEQUENCE OF stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO (29 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d NJJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a I certify that (I) (this hospital) attended the deceased from 4/2 , 1968, to 5/3, 1968, that (I) (we) last saw the deceased alive on 5/3 1968, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 22b, SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF PHYS. May 3-1968 DEGREE 22d PHYSICIAN S 22g ADDRESS NAME (Type) James B. Thomas Prof. Bldg., Frederick, Md. 21701 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE May 6-1968 St. John's Cemetery Frederick. Md. 24 FUNERAL DIRECTOR ELLUTOOF 2Sb REGISTRAR S. SIGNATURE 2Sq. REC'D BY REGISTRAR gelianes Judge 1968 Frederick, Md.

DATE

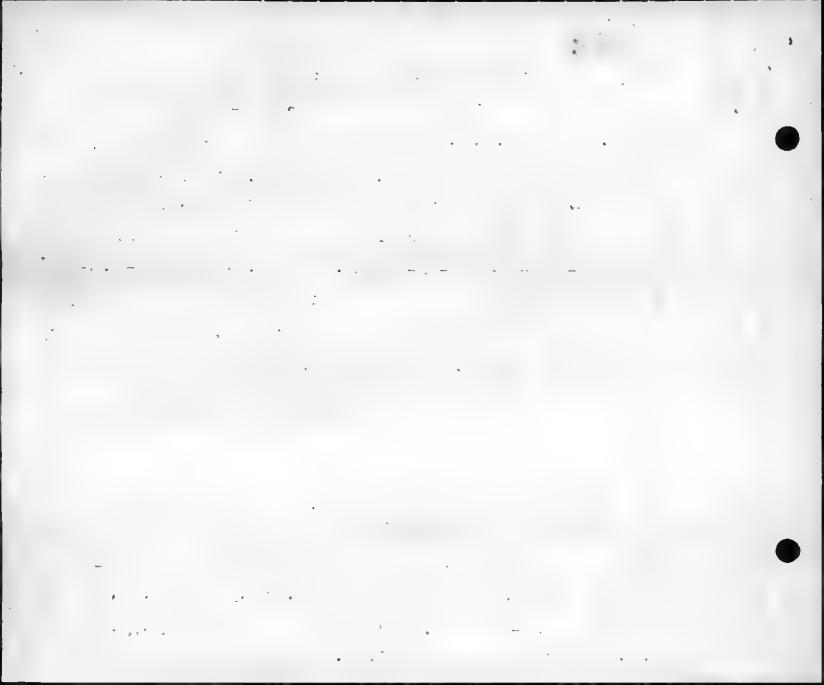
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crematian, or remayal,

by the haspital or attending physician

FUNERAL DIRECTOR: After

30M REV 1/68



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1 DECEASED-NAME	First	M.ddle		Last	2a.	DATE OF DEATH			2b HOUR				
(Type or print)	GLEN	CHARLES	(	AVER		Month May	27 1	968	3 P				
SEX	4 RACE			DATE OF BIRTH		6 AGE (In year)		ER I YEAR	F UNDER 24 HR				
ma l	e	white		June 16	,1915	last birthday) 52	YRS.	JAI.	nauks min				
a BIRTHPLACE (State a	foreign 76 CITIZEN	OF WHAT COUNTRY? 8	MARRIED	NEVER MARRIED	9 <b>C</b> O	UNTY OF DEATH							
Fred. C	o. Md. U.		Widowed	J had		Frederick							
O CITY OR TOWN OF D		11 NAME OF HOSPITAL OR INSTIT				UPATION (Kind of work of		KIND OF B	USINESS OR				
Rural-Myer		give Het odduts) 1, Bi				work ng life, even if retir		T"La	bor				
13a. LSGAL RESIDENCE ( admission) Mary La	where deceased lived, if nd   13b CO	institution Res dence before I	3c. city or t Rural	OWN 134 INSID Myers wist.	e city Limits?	Rt. # 1, B	ittle	Road					
14. FATHER'S NAME	First M	ddle Lost	1S	MOTHER'S MAIDEN N	AME First	Medd	le		Lost				
Ch	arles C. Ga	ver	1	Lulu	M. I	eatherman	Gave	r					
16g WAS DECEASED EVE	R IN US ARMED FORCES	16b. SOCIAL SECURITY NO		ORMANT		Addre							
Yes, no, or unknown)	(If yes give war or dutes of se	<sup>VIII)</sup> 213-24-94	40 Ray	nond E. G	aver.	Myersville,	Md. R	it. #	1				
	ATH (Enter only one cous	per line for (a), (b), and (c).)			4			MIXOPPRA	ATE INTERVAL SET AND DEATH				
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4100	4/0 9 DUE TO, OR AS A CONSEQUENCE OF												
Conditions, if any	which gove)	b)	1 you	arles	l de	nfarction	/	5/	men				
rise to immediat stating the under	tuose (u), t	O, OR AS A CONSEQUENCE OF	0			V							
lost. (c)													
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
5 7.2UI													
190, DATE OF OPER	TION 196. CONDITION !	OR WHICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDS	NGS CONSIDER	RED IN CER	RTIFYING				
BITS					HO .								
S DR CONTR BUTING		TIME OF INJURY R A.M. Month Day Yeor P.M. 19	21c. HOV	/ INJURY OCCURRED	(Enter notur	e of injury in Port 1 or Po	rt 2, Item 18.	.)					
- A ZIO. INDUKI OCCU	RRED 21e. PLACE OF II	JURY (AT HOME, FARM, STREET, FACTOR	17 ) 21f. LOG	ATION Street or R.F.	D. No.	City or Town	Coun	ity	State				
White Not what work of war	le 🗆	neuls	7	1					nene				
22a. I certify	that (I) (this haspita	i) attended the deceased	from Vic	gore,	19,	ta	, 19	, that	(I)_(we)_6				
causes st	leceased alive an_ ated abave, (I) (we)	(did) (did net) view the bo	, and dy after de	that in (my) (au ath.	r) apınian	death accurred an th							
22b. SIGNATURE	rarles f	? Wherei	DEGREE	ATTENDING PHYS	MED DIRECTO	R STAFF PHYS.	May 2	28, 19	968				
22d PHYSICIAN'S NAME (Type)	Charles	R. Wierer		22e ADDRESS	yersv	ille, Md.							
230 BURIA., (REMATIO REMOVAL (Soperfy)		23c. NAME OF CE			1	LOCATION (City or Town)	,	, ,	(Stote)				
24 FUNERAL DIRECTOR	May 30, 1	968 United M	ethod:		EC'D BY REG	yersville.	Md. F	red.	Co.				
Z4 FUNEKAL DIKECTOR	CHAIL F.	Bittle, Myersv	ille.		MAY 3	STRAR 1968 REGIST	22220	Jun	8				

after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 trans 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 baugs Page 4 may be retained by the hospital or ottending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by a director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, Pageshauld be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haums

Page 4 may be retained by the haspital ar attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

177023

							PICCIOLIC	AIL OI	PERMIT					-	
€		CEASED NAME ype or print)	First			Middle		Last		2a. DATE (		Davis -	- None	26 HOUR-	~
deat			Mar	0	Gr	ace	Har	tman		May	Month 12			6:30	
s affer	3 SE	x Female		4 RACE	White			oct.	10 <b>-196</b>	1882	6. AGE (in years	YRS, IF U	NDER 1 YEAR THS DAYS	HOURS MIN	_
	7a (	SIRTHPLACE (State or fai	eign		OF WHAT COU			NEVER MAI	KKIED[]	9 COUNTY O					-
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+	10. 0	Frederick			nive street od	HOSP TAL OR INST Idress) erick_Me			during m	ost of worker nemake:	ON (Kind of work d ng life, even if retiri I	one []	26 KIND OF E NDUSTRY H	OJUG BOZINEZZ OK	
10		USUAL RESIDENCE (Whe ssion) STATE Md		d lived if 136. COL	MTV	ederick			13d, INS DE CITY YES NO		street and number rederick=		e 6		
	14, 1	ATHERS NAME FIN	amu <b>el</b>		ddle	Ray	13	MOTHER'S M	AIDEN NAME F	rsi l'anni.e	Middl	е	Lea	Lost 5 <b>e</b>	
		WAS DECEASED EVER IN (es po, or unknown)		D FORCES? r or dates of ser		CIAL SECURITY N		nformant Rav	Hartmar	ı= Rou	te 6- Fre		ck. Mc	d.21.70	1
		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED	BY	per line for (		e .						APPROX.M	AATE INTERVAL NSET AND DEATH	_
		1/	IMMEDIAT	,	OR AS A CO	NSEQUENCE OF	mn	-CA		_			1-1:2	Tigo .	-
		Conditions, if ony, whi		(1	)		NH	hos	lin	M			140	ter	
		stoting the underlyin		DUE TO	O, OR AS A CO	NSEQUENCE OF	sile	intu	1/1/1	it !	Discon		14	Hen	
		PART 2 OTHER SIGNIFICANT	CANT CON	DITIONS COL							VEN IN PART 1(o)				_
	THON	190 DATE OF OPERATION	1 19b. C	ONDITION F	OR WHICH OPE	RATION WAS PER	FORMED	20a. AUTO	OPSY?	20b	IF YES, WERE FINDIN	IGS CONSIL	DERED IN CE	RTIFYING	_
2	CERTIFICATION							YES [	_	2	SES OF DEATH?				
3hur	MEDICAL CEI	210 ACCIDENT WAS U OR CONTRIBUTING OF (If either, notify medic	JSE OF DEATH	HOUR	P.M.	th Doy Yeor					jury in Port I or Po	rt 2, Item	18.)		
	ME	21d INJURY OCCURRED While Not while of work	21e f	PLACE OF IN	JURY (AT HOME	E FARM, STREET, FACT BUILDING, ETC.	ORY.) 21f. EC	OCATION Stre	et or R F.D. No	. Ci	ty or Town	Co	unty	Stote	
		22a I certify tho saw the deci causes state	(1) (this eased al dabave,	hospita ve an _ (I) (we)	) attended (4 (49 (did) (did n	the decease /219 ot) view the b	d from 0, on ody ofter	d fhot in (n death.	7 , 19 <u>s</u> 1y) (our) opi	nion death	n occurréd on th	-19 <u>-6</u> e date o	e, that nd hour c	(I) (we) lo and from th	st 1e
		22b. SIGNATURE	a Laa	٤	2	Tue	DEG	REE PHYS		NED.	STAFF D	22c DATE		28	
1		22d. PHYSICIÁN'S NAME (Type)	60,	mas	3	TON	E	22e. ADI	DRESS Z	rock	ruh	p	7 D		
77	230	BUR AL, CREMATION, REMOVAL (Specify)	23b D	ate .y 15-	1.968	23c NAME OF C	vet C	emeter			TION (City or Town) derick, M	d. 2	ounty) 1701	(State)	
08	24	FUNERAL DIRECTOR - E M.R. Etchi	ton E	Son	F	ADDRESS rederic	k, Md	.21701	2So. REGD		1968 REGISTI	RAR 5 SIGN	ATURE	de la	

DATE



MARYLAND STATE DEPARTMENT OF HEALTH	
Itom2a, Film#G401 5MEDICAL EXAMINER'S CERTIFICATE OF DEATH	()
1 DECEASED NAME First Middle East 2a DATE KNOWN Doy Ye	or 2b HOul
(Type or Print) Hollow OF ESTI-	63
3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (19 years F JANDER 15AR F JANDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOU
remate white march 23,1916 52 yes	68 3
70 BIRTHPLACE (State of foreign Country) New W York U.S.A. WIDOWED DIVORCED TO DIVORCED Frederick.	A
10 CITY OR TOWN OF DEATH Thurmont  11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital give steps address)  12 USUAL OCCUPATION (Kind of work dane during the even fretired)  12 USUAL OCCUPATION (Kind of work dane during the even fretired)  12 USUAL OCCUPATION (Kind of work dane during the even fretired)  12 USUAL OCCUPATION (Kind of work dane during the even fretired)	None
13a JSJA. RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CTY OR TOWN 13a MSDE CTY LMLTS? 13e. STREET AND NUMBER	110110
odm ssion) STAT Maryland 13b COUNTY Frederick Thurmont YES IN NO [ 18 Apple Church Roa	d
14 FATHER'S NAME First Middle Light 15 MOTHER'S MAIDEN NAME First Middle  John Wagner Cecelia Beck	rOżį
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
(Yes, not or unknown) (II yes give war or dates of service)	Jersev
19 CALLES OF DEATH (Fater only one cours not line for (g) (h) and (c))	KIMATE INTERVAL OHSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Congrature Ident Jacks  Between	
DUE TO, OR AS A CONSEQUENCE OF	
rise to immediate cause (a).	
stoling the underlying cause   Due 10, OK AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIEMANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
# Hydroniphresis	
190 DATE OF OPERATION 195. COND.TION FOR WHICH OPERATION 20 AU	
AE AE	NO 🗆
21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ity or Town County	State
WHILE NOT WHILE AT WORK AT WORK AT WORK	
22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and i	n my apınıa
death resulted fram Natural causes 🔣 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍	
ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
SIGNATURE TO THE STORE OF THE S	1968
EXAMINER'S Dr. Robert J. Thomas M.D. ADDRESS(Street, cty, town, or county) Frederick Ma	arvland
230 BUR AL CREMATION, BUR AL CREMATION, BUR 123b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)  May 29, 1968 Old Tennent Cemetery Manalapan Township, N.	(State)
ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE	wee.
Robert E. Dailor Good Frederick, Maryland Date MAI 20 1300	0

VR A15MF (5) 10M REV, 1/68

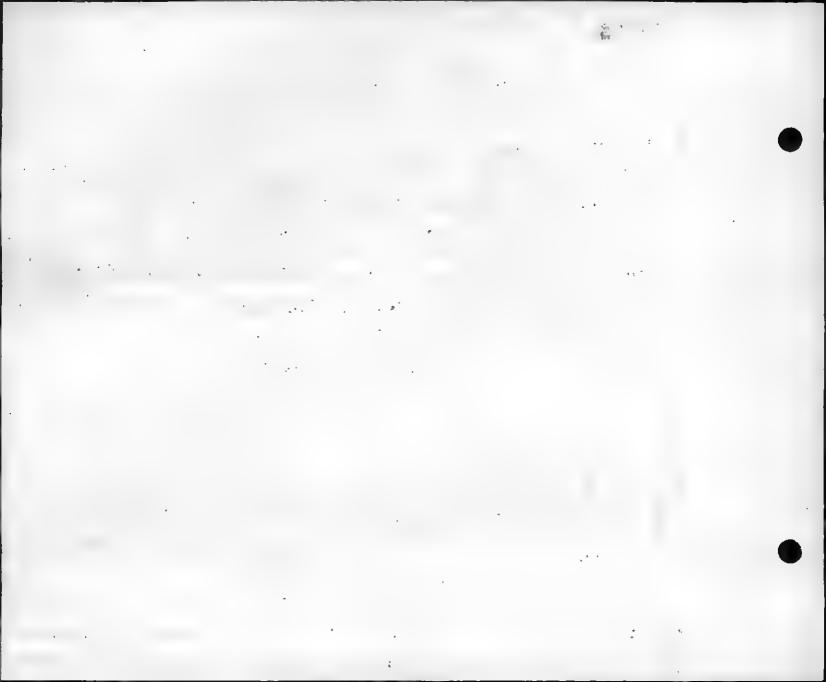


#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

37041

					_						
4 24			CEASED-NAME First		M ddle		Last	2o. DATE O	F DEATH		2b. HOUR
act at		(T	ype ar print)	77 - 43 - 7		77 7		r	Month _ Do	Y Year	Q A M
2 5	-	2 00	Myrie	Kathl	een	<u> Kepl</u>			5	IF UNDER 1 YEAR	F UNDER 24 HRS
E 15   E		3. SE		4. RACE			ATE OF BIRTH		6. AGE (In years lost buthday)	MONTHS DAYS	HOURS MIN
that the death certificate be executed within 24 hours after death on.  by the attending physician and completely filled in by the fundal ransit permit. Then please remove carbon papers. Pages and cremotion, or removal, and in any event, within 72 hours after death	_	f	emale	white		1	/1/1897		YRS YRS		
رة مو	-	7a E	IRTHPLACE (State or foreign 7	TO CITIZEN OF WHAT	COUNTRY?	8 MARRIED [ ] N	EVER MARRIED	9. COUNTY O	HEATH		
로 라 지수		COUL	Mary and	U.S.		WIDOWED	DIVORCED	Fred	lerick		88.4
n 24 h illed in popers	- /	10.0	FIGURE OF THE STATE OF THE STAT		E OF HOSPITAL OR INS		1		(Kind of work dane	TION KND OF	Md.
	- 1	10 (	IT OK TOWN OF DEATH					at occupation	i (Kind of work dane   life, eyen if retired )	125 K ND OF INDUSTRY D	UD_1C
\$ 50 N			Middletown	"	RO		Isch	col te	eacher, r	et sch	ool
at, at,		130	USUAL RESIDENCE (Where deceases	dilived, if institution	. Residence before	13c CITY OR TOW	N 13d. INSIDE CITY	LIMITS? 3e S	FREET AND NUMBER		
ecuted within 24 h completely filled in rove corbon papers. y event, withfn 72 h		admi	ssion) STATMaryland	13b COUNTYFI	ederick	Middlet	OWN YES N	OX I	loute 2		
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e deoth certificate b ottending physician permit. Then please on, or removol, ond i		160	WAS DECEASED EVER IN U.S. ARME	O FORCES? 14	6b. SOCIAL SECURITY N	O 17 INFOR	MANT		Address		Md.
ific of pass		Y	es, no, ar unknawn) (If yes give wor	ov dotes of service)		drs.	J. Vern	on Col	olentz. N	Middlet	own.
pher her			18. CAUSE OF DEATH (Enter only		( ( ) ( ) ( )			Α .		APPROXII	MATE INTERVAL ASET AND DEATH
ing Ten			PART 1. DEATH WAS CAUSED	SA conze bet line		/	(10.11.			ELEVEEN O	SET AND DEATH
or init.				E CAUSE (a)	[W20	meny (	reekus	LOW		18	urz
ottendi ottendi permit.			410.0	OUE TO, OR AS	A CONSEQUENCE OF	. 1/					
that the don. by the otti			Conditions, if ony, which gove)	4.5		Miche	Lusion	3			
that floor. by the ronsit			r se to immediate cause (a),	(D)	A CONSEQUENCE OF	N. G. Jan	0100000	,			
幸福やまた			stating the underlying couse	DUE TO, OK AS	A CONSEQUENCE OF	1.1-	Sollie a.	4			
sic /sic			last.	(c)	$-(\mathcal{L}'\mathcal{V})$	vru c	Jewote	4			
physic physic signec buriol buriol			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTIN	IG TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIV	EN IN PART I(o)		
9 E 5 5 5		z	7 8								
bec to		CERTIFICATION	19a. DATE OF OPERATION 19b Co	ONDITION FOR WHICH	OPERATION WAS PER	REFORMED	20a AUTOPSY?	20b l	F YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
ds ds	1 00	A S					YES NO	CAUSE	S OF DEATH?		
AN: The all or at icate he for use Health		ERTI	ALCORDE MAS IMPERIONS	lov rive of i	14164	Tax Hally H					
AN Cat		CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH		Manth Day Year	21c HOW II	NJURY OCCURRED (Ente	er nature of hi	iry in Part I at Port 2	, 11em (8.)	
日本語		200	(If either, natify medical examine	er) P.M.	19						
YSI oss cer cer the		MEDI	21d INJURY OCCURRED 21e P		T HOME FARM, STREET, FAC	IORY.) 21f LOCATI	ON Street or R.F.D. No	o. Cit	or Town	County	State
Para Sara Para Para Para Para Para Para			While Not while at work	₹ U	THE BUILDING, EIC	1 1		7	4	11	
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Ste Ste by Ste B			22a I certify that (I) (this sow the deceased or	Hospitul/Amrei	ded the deceose	0 and th	atin (my) (aur) an	union donth	accurred on the d	7, 11101	(i) (we) iusi
he de			couses stated abave,	(1) (wa) (did) (d	id not view the	ody after deat	h	illion deam	accurred on the c	lore ond hour	and Iroin me
1 5 5 E			22b. SIGNATURE 1	(1) [we] (aid) (a	id flory view file i	Jody uner dedi	11.	/	I 00	OARE CIONES	
Wind Salah			220. SIGNATURE	men L	( h	6.0	ATTENOING CO	MED	STAFF -	. OATE SIGNED	-10
ed a se			1.00	ruer 14	wp.	DEGREE		MED DIRECTOR	PHYS.	nay 5	68
A VI			22d PHYS CIAN'S			-	22e. ADDRESS				
F 8 8 5 4			NAME (TYPE) Dr.	J. Elmer	Harp		Middlet	own,	id.		
Poge 4 moy o FURINAL director, po	0	230	BURIAL, CREMATION, 23b. DA	ATF	23r NAME OF A	CEMETERY OR CREA	MATORY	1 23d IDCAT	ON (City or Tawn)	(County)	(State)
Poge direct	26	DOS	DEMOVAL (Comp. 6-)								' '
F 5 (1)	UX		burial 15/	7/68	Luther	an Ceme	etery	PL BILD	25b. REGISTRAR	Fred.	Md.
VR A15 (4	()		FUNERAL DIRECTOR	3 6.5		2.53		BY REGISTRAR			. 100
30M REV 1	/68		Gladhill Comp	any, Mi	ddletow	n, Md.	DATE	AY 8	1968 900	carles for	-



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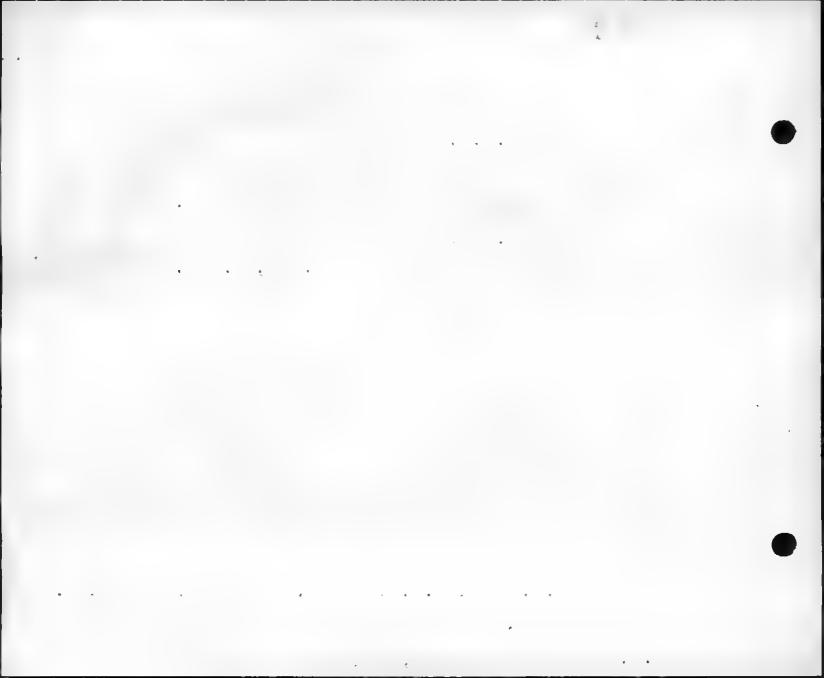
M. R. Ltchison & Son. Frederick, Maryland

250 REC'D BY REGISTRAR

DATE

24 FUNERAL DIRECTOR

VR AT 30M REV



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFIC	ATE OF DEATH			J 7 8	43
Middle	Lost	2a. DATE OF			2b. HOUR
M. K	LINE		Month Day May 31.	1968	B:25A,
Œ	5 DATE OF BIRTH		6 AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS
White	19 Feb 1902		last birthday) 66 YRS.	MONTHS DAYS	HOURS MAN.
THE OF HAIRT COMMITTING	To	COUNTY OF	DE ATH		

	ECEASED NAME	First		Middle		Lost		2	2a. DATE OF DEATH		2b. HOUR
- (	Type ar print)	AUST	'IN	M.	I	KLINE			Month Day	1968	8:25A
3 S	X		4 RACE			5 DATE OF	BIRTH		6 AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS
	Male		Whi	te		19	Feb 190	2	last birthday) GG YRS.	MONTHS DAYS	HOURS MAN.
	BIRTHPLACE (State	ar fareign	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER M	ARR/ED T	9 (	COUNTY OF DEATH		
(du	ntry) Mary	land	U.	S.	WIDOWED		ORCED 🗍		Frederick		Mo
10.	CITY OR TOWN OF	DEATH	11	NAME OF HOSPITAL OR INS	STITUTION (If	not in haspital	12a. USI	UAL O	CCUPATION (Kind of work done	12b KIND OF	BUSINESS OR
	Frederic	ck	PH:	aryland Odd	Odd Fellows Home Retired-Owner				INDUSTRY	g Store	
130	LSUAL RESIDENCE	(Where decease	d lived, if instit	tut an Residence befare	13c. CITY O		13d MSIDE CTY		TOOT OTTINGET FINE FRONTINGER		
aam	issian) STATE	Maryland	13b COUNTY	Frederick	Frede	erick	YES X	NO [	117 E. Sevent	h St.	
14	FATHER S NAME	First	Middle	Last	11	IS MOTHER'S	MAIDEN NAME	First	Middle		last
		Harry		Klin	e		Pan	sy	Blanche Strasbe	rger	
	WAS DECEASED E			16b SOCIAL SECURITY		INFORMANT			117 Eddresyth	St.	
	res, no, or unknown	u) (ii yas give wo	or dates of service)	214-10-16	56A M1	rs. Pai	uline E	. 1	Nogle Frederick,	Md. 2	1701
	1B. CAUSE OF DEATH (Enter any one cause per June for (a), (b), and (c),)						9		MATE INTERVAL NSET AND DEATH		
	PART 1 DEA	ATH WAS CAUSED	BY E CAUSE (a)	mayst	the state of the s						
	712.	7 1 2 7 DUE TO, OR AS A CONSEQUENCE OF									4
	Conditions, if any, which gave								100	Lora	
	rise to immediate cause (a), DUE TO. OR AS A CONSEQUENCE OF							1	_		
	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IQ-DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)										
z	42)1 Drubetes										
100	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPE			VHICH OPERATION WAS PE	OPERATION WAS PERFORMED 200 AUTOPSY?  YES \ NO \				20b. IF YES, WERE FINDINGS CO.	NSIDERED IN CERTIFYING	
CERTIFICATION								X	CAUSES OF DEATH?		
MEDICAL CERT	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INFURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)										
	To recontributing cause of Death HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19										
¥	21d INJURY OCCURRED While Nat while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f LOCATION Street or R.F.D. Na. City or Town County									State	
	of work of work								101		
	22a. I certify	that (I) (this	hospital) a	ttended the deceasi	ed from	ein 1		v /	, to /11/2/1 51 , 196		(I) (we) los
	saw the deceased alive on 12.1.3/ 18.3 and that in (my) (our) opinion death occurred an the date and hour and from the									ond from the	

of wark — at wark —	107 2 151	
22a. I certify that (I) (this hospital) attended the deceased fro	ram for 196/, to 1960 51, 1960.	that (I) (we) la
saw the deceased alive on	A gond that in (my) (our) opinion death occurred an the date and h	lour and from th
causes stoted above, (I) (we) (did) (did/nat) view the body	y ofter death.	
201 FIGURATURE	22- DATE SIGNI	CD.

causes stated above, [1] [we	e) (did) (did/nat) view the b	body ofter deatl	n.			
2b. SIGNATURE		í	ATTENDA (O	uro	57155	22c. DATE SIGNED
I SEMMUL!	/ Tunes /	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF HHYS.	31 May 1968
DHACILIANIC			22e ADDRESS			

	NAME (Type) Bea	rnard O.	Thomas	, Jr., M.	D. 228	N. Mar	ket St.,	Frederick	, Md.	21701
23a	BURIAL, CREMATION,	23b. DATE	. [2	3c NAME OF CEMETER	RY OR CREMATORY		23d LOCATION (C	ify or Town) (I	County)	(State)

BRINOYA (pecify) 6/3/68 Mount Olivet Cemetery 24. FUNERAL DIRECTOR Etchison & Son, Frederick,

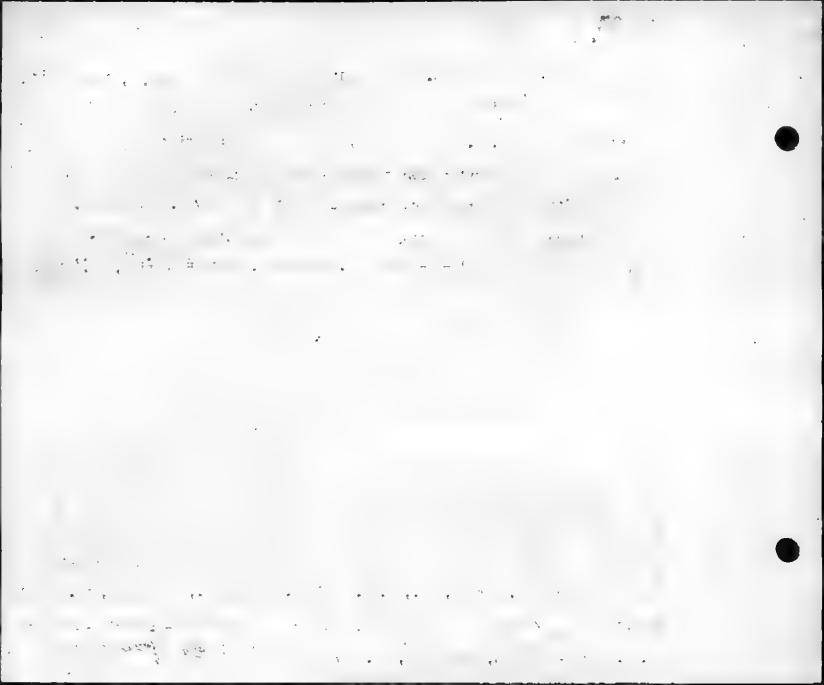
Frederick-Frederick-Maryland 250 REC'D BY REGISTRAR DATNIN 3 1968

er death. D. and TO FINITE ALE EXECTOR: After this certificate has been signed by the attending physical and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. The behalf be fited with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs Page 4 may be retained by the haspital or attending physicion.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

after death

OM REV 30M REV

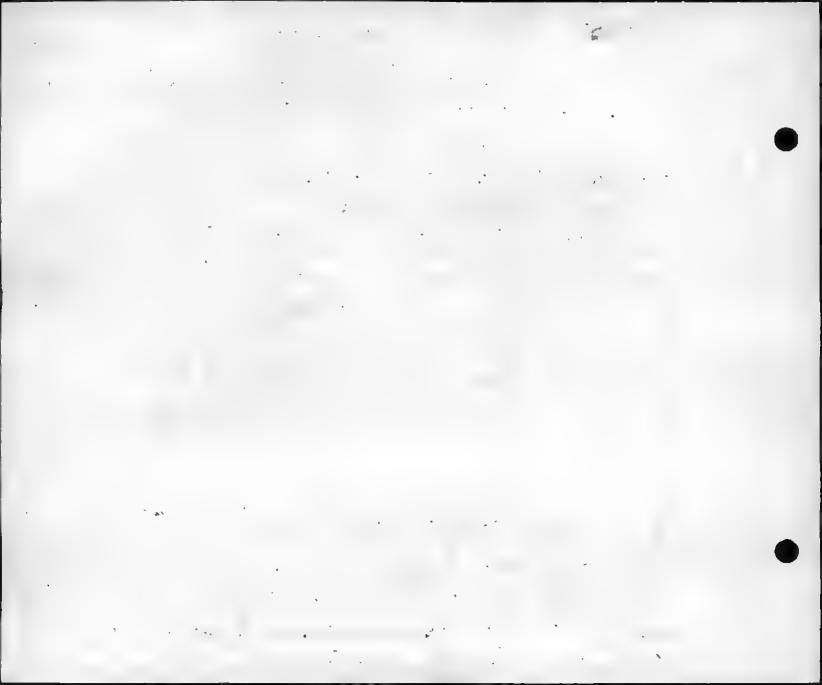


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOLK M.ddle Lost 2o. DATE OF DEATH . DECEASED-NAME First death. (Type or print) MAE KLINE ELLA IF UNDER 1 YEAR 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years HE UNDER 24 HRS. last birthdoy) White August 16. 1892 Female requires that the death certificate be executed within 24 haurs To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED (vitaro) completely filled in U. S. A. D+VORCED [ -aryland Frederick WIDOWED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) Prederick INDUSTRY during most of working life, even if retired ) remave carban Frederick Nursing Home by the attending physician and complete transit permit. Then please remave carb cremation, ar removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? odmission) STATE Frede YES J 212 East Third Street Frederick 14 FATHERS NAME Middle IS MOTHERS MA, DEN NAME First Middle Lost First LOST Kline Young Charles MAV 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Betty Grove, 500 Lee Place, Frederick, M.d. 10 1185 Mrs. NO 18. CAUSE OF DEATH (Enter only one couse per line for (a); (b), and (c), BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONSEQUENCE OF DUE TO, OR AS # signed by the burial-transit Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the hospital ar attending physician. burial, o lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health YES T FUNERAL DIRECTOR: After this certificate TENDING PHYSICIAN: 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter noture of njury in Port 1 or Port 2 I tem 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year 70 (If either, notify medical examiner) P.M detached Dept 21d N.LRY OCCURRED 21e PLACE OF INJURY [ AT HOME, FARM STREET FACTORY, ] 21 LOCATION State Street or RFD No City or Town County While Not while ot work of work State 22a. I certify that (1) (this hospital) attended the deceased from. 1964, and that in (my) (evr) apinian death accurred an the date and have and from the saw the deceased give an be retained causes stated above, (1) (we) (did) (d.d not) view the body after death 22b. SIGNATURE 22r DATE SIGNED STAFF PHYS. MED. DIRECTOR DE GREE director, page should be filed 22e ADDRESS 22d PHYSICIAN'S NAME (Type)Robert 700 Montclaire Ave/ Frederick.ad. S Hughes 230 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) Frederick 0 Mount Olivet Cemetery Frederick 250 REC D BY REG STRAR 25b REGISTRAR S S GNATURI 24. FUNERAL DIRECTOR ADDRESS VR A13 M DAMAY 1968 30M REV R. Etchison & Son, Frederick, Maryland



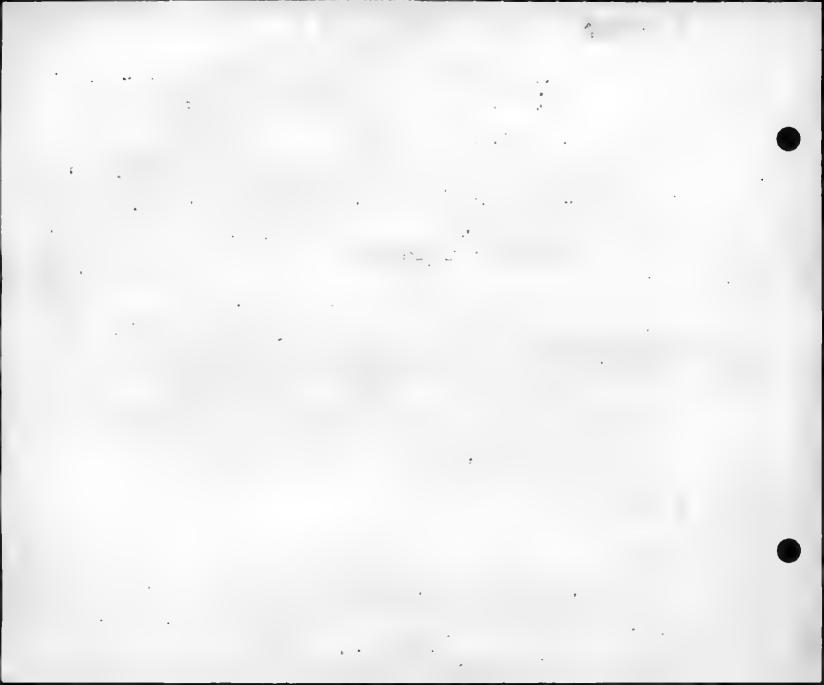
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 1		CERTIFICATE OF DEATH	, ,
de d			ECEASED NAME Type or print) DIANE Elainel KORRell 20. DATE OF DEATH Month Doy	Yeor 25 HOUR
the for some sources		3. SE	temale with 14e) MA421, 1968 last Dirthday) YRS MONTHS	PAYS HOURS M N
24 haurs d n by pers. P		7a B coun	Md. USA WIDOWED DIVORCED Trederick	М
ruted within 24 impletely filled ve carban paper event, within 72	4	2	rederick Md. Trederick Memorial Hospi. Union most of working life, even if retired) IND	KIND OF BUSINESS OR USTRY
that the death certificate be executed within 24 haurs after an.  by the attending physician and completely filled in by the for ransit permit. Then please remave carbon papers. Pages 1, crematian, ar remaval, and in any event, within 72 haurs after.		adm.	LSUA. RESIDENCE (Where deceased lived, if institution Residence before issue) STATE TYLAND   13b COMMINION   13b COMMINION   13b COMMINION   13b COMMINION   13c	Avenue
in and co			FATHER SJNAME First Middle Lost I IS MOTHERS MADE First Middle Someth Someth Someth	iost Umners
rtificate b physician en please aval, and			WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) ( * yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17 INFORMANT   Hospital Records	APPROXIMATE INTERVA
that the death certifi an. by the attending phy transit permit. Then crematian, ar remava			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Two waterety	BETWEEN ONSET AND DEATH
if the d the att isit peri nation,			Conditions, if any, which gave bus to immediate cause (o).	(
いき ガヤス			stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     lost   (c)	
w require ling physi- een signed the burial r ta burial		NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law rattending thos been use as the lth prior to		CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO 206 IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	
nCIAN: The pital ar a pital ar a rifficate had far use ad far use af Health		EICAL CE	21d ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18   18   19   19   19   19   19   19	.)
JING PHYS by the has frer this ce be detache State Dept.		*	21d in JURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D No City or Town Country of work of work	·
TENDIN ned by IR: After wild be the Stat			22a 1 <b>certify</b> that (I) (this hospital) attended the deceased fram 2 / May , 1967 , to 2 2 May , 1968 saw the deceased alive an 2 2 1967, and that in (my) (our) apinian death accurred on the date and causes stated above, (I) (we) (did) (dia not) view the bady after death.	_, that (I) <del>(we)</del> la: d haur and fram th
OR ATI be retai DIRECTO Je 3 sho ed with			226 SIGNATURE RLGUEST MD DEGREE PHYS DIRECTOR DI	
moy RAL RAL be fill	^ !		22d PHYSICIANS NAME (Type) RUSSELLL, GUEST 22e. ADDRESS 6 W 3rd St. Fraderical	Z, Md.
Page 4 TO FUNE director shauld	Y	RE	BURIA. CREMATION, 236 DAJE 23C. NAME OF CEMETERY OR CREMATORY HOSP 23d. LOCATION (City or Town) (Courself of Course of Courself of Coursel	D. MD.
VR A15 (4)	8/1	24	EUNERAL DIRECTOR  ADDRESS  ADD	URE



CERTIFICATE OF DEATH DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR (Type or print) 3 SEX 6 AGE ( n Mears E UNDER 1 YEAR IF UNDER 24 HRS - sast birthday) MONTHS male negroid 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9. COUNTY OF DEATH country) Laryland J.S.A. Frederick WIDOWED P DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a ASLAL-OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Diverstreet geloress) Ck during mast of warking litereveral retixed. Frederick emorrial 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE TV and 13b cquityederick Brunswick YES-Street 14. FATHER S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost John Lipscomb unknown) Laura HE ECIAL GURIDES 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, yor unknown) (If yes give war or dates of service) Lipscomb Fnoxville ...... James 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS y atelestasis, Chronic Conditions, if any, which gave ) nse ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 9n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If e'ther, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) ottended the deceased from... sow the deceased alive on.... and that in (my) (our) opinion death accurred an the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. .22e ADDRESS 22d PHYSICIAN S darick Medical Center Riddick M.D. NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. (County) (State) REMOVAL (Specify) Petersville red. Church Cemetery ນາກາໃດ 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR inswick, ild.

VR A15 (4) 30M REV 1/68



# 3.041 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use on the burial-transit permit. Then please remaye carbon papers. Pages Lyand 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

**CERTIFICATE OF DEATH** 

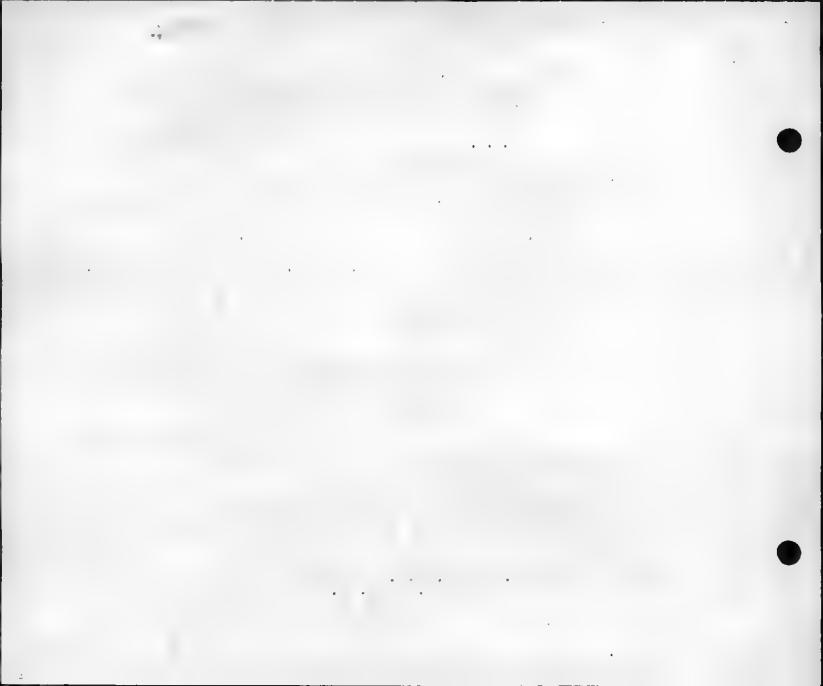
2 43	1 1.		ECEASED NAME	F rst		Middle		Lost		2a. DAYE O			25 HOUR
and 2		(1	(ype or print)	Naom	i	T.	Lit	tleton		May	Month 1	Day 1968	940 M
⊃`~ <del> </del>		3. SE	X		. 4 RACE			S. DATE OF B	BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS
by the T Pages aurs afte			Female			White		May ]	14- 19	04	lost birthday)	YRS. DAYS	HOURS MIN
			BIRTHPLACE (State or f	oreign	76. CITIZEN O	F WHAT COUNTRY?	8 MARRIED	NEVER MA	RRIED	9. COUNTY O	F DEATH		
illed in papers. hin 72 ho		(001	<sup>rtry)</sup> Virgin	ia	U.	S. A.	W:DOWED		RCED 🔲	Fre	derick		Md
pape pape thin 7		10. (	ITY OR TOWN OF DEAT	'H		1 NAME OF HOSPITAL OR IN	STITUTION (If	nat in haspital			(Kind of work as		F BUSINESS OR
rely r rban , wit			Frederic			403 Cente			H	ousewif			
rmplet ve carl event,			USUAL RESIDENCE (Wh ission) STATE	ete deceose	id lived, if ins 136 COUN	titution. Residence befare TY	13c. CITY O	R TOWN	13d. INSIDE CTY		TREET AND NUMBER		
ave v ev			Md		155 (0511	Frederick		erick_			3 Center		
nd co	1	14 1	FATHER'S NAME F	irst	Midd	le Lost	1	S. MÖTHER'S M	IAIDEN NAME	First	Middle	e	Lost
n ag din				homas		ederick Tre			16	thel	May	Braichwa	ite
by the attending physician and campletely ransit permit. Then please remave carban crematian, ar removal, and in any event, wit			WAS DECEASED EVER (es, no, or unknown)		ED FORCES? or or dotes of service	THOUSELANTE	able R	INFORMANT obert I	L. Lit	tleton-	403 Cente	er St.Fre	Md. ederick-
fing phy Then removal				/Enter on		er line for (a), (b), and (c)	771						XIMATE INTERVAL
			PART I. DEATH V	VAS CAUSED	BY			RTERY		ISEASE		BETWEEN	ONSET AND DEATH
tenc rmit , ar			11	IMMEDIA	TE CAUSE (o) "	CURANAR		TUTE 164		1 75 h 1 2 km			
by the attriction of the contraction of the contrac			Canditions, if ony, w	hich anya s	DUE TO,	OR AS A CONSEQUENCE OF							
nsit m			rise to immediate c		(b)_								
signed by the attendir burial-transit permit. burial, crematian, ar re			stating the underlyi	ng cause	DOE TO,	OR AS A CONSEQUENCE OF							
rial ra			lost. 4257	, , , , , , , , , , , ,	(1)	NO. TO DESTU OUT A	IOT BELATED 1	O THE TERMINA	a. pictace of	CONDITION OF	The day party at a		
			Hyper Hyper			RIBUTING TO DEATH BUT N			ORTU	1	EN IN PAKE I(0)		
as been as the prior to			190 DATE OF OPERATIO		T	WHICH OPERATION WAS P		20o. AUTO			F YES. WERE FINDIN	GS CONSIDERED IN	CERTIFYING
202	- Photo	CEMIFICAT						YES [	] NO [	CAUSE	S OF DEATH?		
icate ha far use Health i			210. ACCIDENT WAS			IE OF INJURY		IOW INJURY OC	CURRED (Ent	er nature of inp	ury in Part 1 or Por	t 2, Item 18)	
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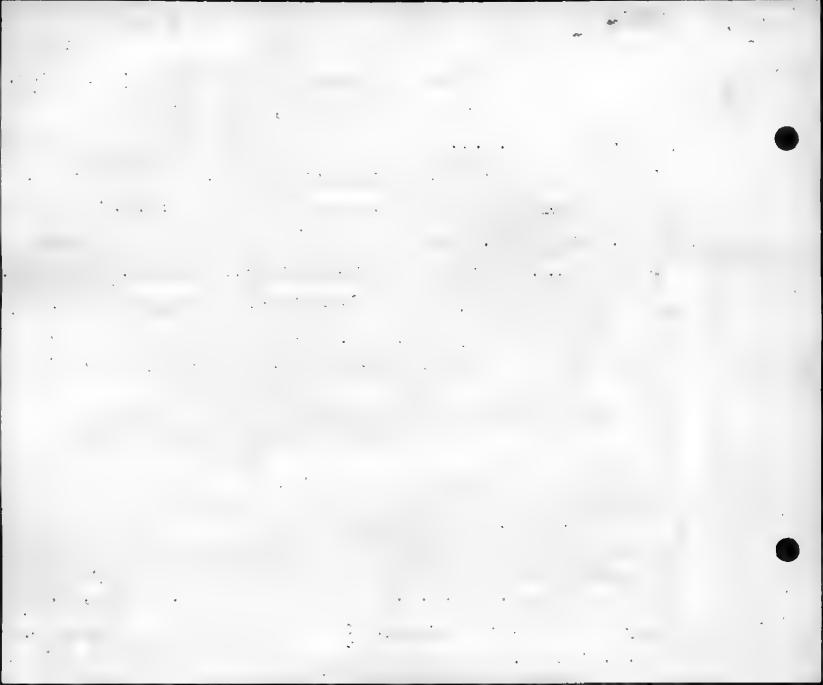
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ficate for u		Z	21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF GEATH (If either, notify medical examiner	215 TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		INJURY O	CURRED (Ente	r nature at i	njury in Part 1 ar Part	2, Item 18.)	
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TO DEP necesse the fur 5 may TO FUNI		BUR AL CREMATION, BET MO YAA (Specify)	23b. DATE 5-20-19		23c. NAME OF	CEMETERY OR CREM	ATORY	23	oward C	ty or Town)		.,	(Stote)	
VR A15ME (V)		FUNERA, DIRECTOR ward H. Hub			ADDR	ESS		2SO REC D BY R	EG STRAR	2Sb REGIST	·		age.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH M ddle 2a. DATE OF DEATH DECEASED-NAME First Last 2b. HOUR that the death certificate be executed within 24 hours after death. (Type or print) Month nmi Lee Murray May 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years lost birthdoy) August 6, 1896 Lale White 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED West Virginia campletely filled in U. S. A. WIDOWED TO DIVORCED within 72 Frederick 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress). Frederick during mast of working life, even if retired.) INDUSTRY carbon Frederick Nursing Center Government and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY YES ... NO remaye Washington District Washington 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First and 4rrilla VanGorder physician ( ease Lurrav 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates at service) cremation, at remayal, 60 9239 attending phy: permit. Then p Hiss Gail Murray. 2 B Forest St. Cambridge. 18 CAUSE OF DEATH (Enter any one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) signed by the burial-transit purial, cremati rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE O **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o' as the priar to 1 has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? far use Health YES -NO [T TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached for the Dept. of H (If either, notify medical examiner) P.M. be detached State Dept. c 21d IN JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County White Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from Left (S), 19.67, ta Licented on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. director, page 3 should should be filed with the 225 SIGNATURE 22c DATE SIGNED STAFF PHYS. DEGREE PHYS DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type) Thomas L. Stone. 4 West Third Street. Frederick. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BUR AL CREMATION 23b DATE REMOVAL (Specify) Mount Olivet Cemetery Frederick Frederick Md 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15 (4) J. R. stchison & Son, Frederick, Maryland 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Last 2n DATE OF DEATH . DECEASED-NAME First Middle by the funeral Bages I and hours piffer death mithin 14 hours after death (Type or print) Month ZULA OLSEN H. May 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) March 24. 1899 White Female 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED physician and completely filled in Maryland U.S.A. WIDOWED AT DIVORCED Frederick ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a. USUAL OCCUPATION (Kind of work done grye street address)
Frederick Nursing Home during most of working life, even if retired) carban Frederick Housewife 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before \$13c. CITY OR TOWN .36 INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b COUNTY washington Maryland YES T NO [ Highfield remave and in any 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Last John Eyler E. America Amelia Ann 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na ar unknawn) (If yes give war or dates of service) rransit permit. Then pl cremation, ar remaval, 212-10-6910D Mrs. Frank Moore Cascade no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the attending PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) al-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO K Health p 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 218, PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Nat while at wark 22a. I certify that (i) (this haspital) attended the deceased from

O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: director, page 3

causes stated above, (1) (we) (did) (did nat) view the body after death.

**ATTENDING** PHYS 22e. ADDRESS

DATE

MED DIRECTOR

STAFF PHYS.

\_19 6 X, and that in (my) (aur) apinian death accurred an the date and haur and fram the

22c DATE SIGNED 5/8/1968

(HAINE (Type)	Jam	es B.	S		
DUDIAL CREMATION	721	DATE		23/	NAME O

saw the deceased alive an...

Frederick, Maryland

23d. LOCATION (City or Town)

(County) (State)

State

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

Harbaugh

APPROX, MATE INTERVA

BETWEEN ONSET AND DEATH

INDUSTRY

Maryland

County

24. FUNERAL DIRECTOR

22b SIGNATURE

22d PHYSICIAN S

5/10/1968 Bethel **ADDRESS** 

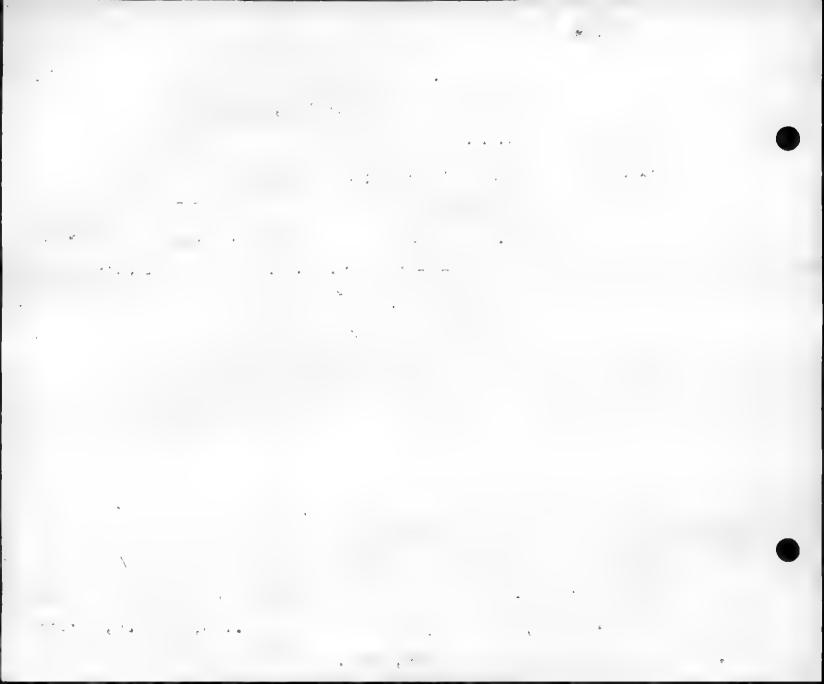
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CEMETERY OR CREMATORY

250 REC'D BY REGISTRAR

Lantz, Frederick, Maryland

30M REV

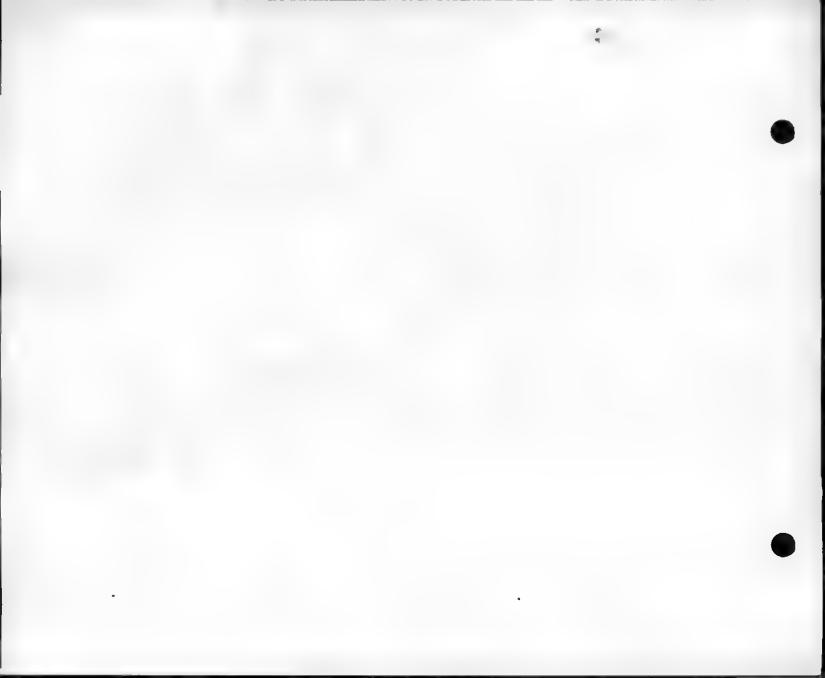


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 26 HOUR law requires that the death certificate be executed within 24 hours after death and (Type or print) Month 6. AGE (1% years 5. DATE OF BIRTH E LINDER 1 YEAR lost birthday) QAYS HOURS 5-13-Negro MALL 7a. 8IRTHPLACE (State or foreign 7b. CT ZEN OF WHAT COUNTRY? country) DIVORCED 120. USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) grye street oddress) INDUSTRY 136. JSJAL RES DENCE (Where deceased lived, funstitution. Residence before 13e STREET AND NUMBER 13b. COUNTY 1 remaye 14 FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First ELIZAbeth 160 WAS-DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) I (If yes give war or dates of service) 100 W.5 4 signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line (or (o), (b) and (c) PART I DEATH WAS CAUSED BY.

!MMEDIATE CAUSE (a) Conditions, if ony which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 as the prortal has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? use as ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES 🖂 NO -O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM STREET FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work ot work 22a I certify that (I) (this haspital) attended the deceased fram.

19 65, ta 5/24, 1968, that (I) (we) last sow the deceased olive on 5/24, 1968, and that in (my) (our) opinion death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the bady ofter death. GNATURE 22c DATE SIGNED director, page DEGREE DIRECTOR 22e. ADDRESS NAME (Type) Professional Bldg.Fred.Md 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) ede 2 1017 250 RECD BY REGISTRAR MAY 28

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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pho Uneral

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages should be filed with the State Dept of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours of

VR A15 (4) 30M REV, 1/68

10 HOSFITAL OR ATTENDING PHYSICIAM: The low requires that the Wath certificate be executed within 24/

Page 4 may be retained by the hospital or attending physician.

death

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF BEATH

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The country
To CITIZEN OF WHAT COUNTRY?    S. MARRIED   Meyore MARRIED   Meyore   Prederick   Med.   Meyore Married   Meyore   Meyore   Prederick   Med.   Meyore Married   Meyore   Meyor
M. U.S.A. WIDOWED DIVORCED Frederick Md.  0 CITY OF TOWN OF DEATH  11 NAME OF HOSPITAL DE INSTITUTION (If not in nospital greater) diversity of address of your fing life, even if retired. Windle, even if retired. WIDDSTRY  120 JULI 11 ILLY Gen  130 JULI 12 JULI
11 NAME OF HOSPITAL DE INSTITUTION (if not un hospital give street oddress)   120 JSUAL OCCUPATION (Kind of work done during mast of works done during mast of works done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of works done during mast of works done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even if retired.)   120 JSUAL DICKCHATION (Kind of work done during mast of working life, even in east of work done during mast of work done during five vent in the past of the first life work of the f
A FATHER S NAME First Middle Lost IS COUNTY Prederick Mt Airy YES NO BET AND NUMBER RESIDENCE (Where decased lived, if institution Residence before lack of the science before admission) STATE Md ISS. COUNTY Prederick Mt Airy YES NO BET AND NUMBER RELIGIOUS NAME First Middle Lost IS MIDDLE NAME FIRST MAD BET NAME FIRST MAD BET NAME FIRST MAD BET NAME FIRST MAD BET NAME FIRST MIDDLE NAME FIRST MAD BET NAME AND BET NAME FIRST MAD B
30 J.S.AL RESIDENCE (Where deceosed lived, if instruJion Residence before diministion) STATE  Md   13b. COUNTY   13c. COUNTY   1
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  COnditions, if any, which gave rise ta immediate cause (a).  Istating the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)  16d. SOCIAL SECURITY NO.  17 INFORMANT  Address  RT1 Mt Airy  APPROXIMATE HITERVI.  SETWEEN ONES (a)  17 INFORMANT  ADDRESS  ACUSES  APPROXIMATE HITERVI.  APPROXIMATE HITE
18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).]   PART 1. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (a)   CREBRAL IH ROMBOSIS     Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.   Conditions of the underlying cause lost.
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(If either, natify medical examiner) P.M. 19  2 Id. INJURY OCCURRED 2 Ie. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. Na. City or Town County State of work at work
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1226. I Certity Individual Cities nospital attended the deceased from 35 227 , 19 54, 19 55 777 , 19 56 , 1101/[1] Well lost
sow the deceased give on 5/1/ 19/5 and that in (my) (our) opinion death occurred on the date and hour and from the
couses stated above, (D)(we) (did) (did not) view the body after deoth.
22b. SIGNATURE O 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED
1 1/ 1/ 1/ 1/ 1/ 1/ 1/ All Ending The MED. There I 1/ 1/ 1/
Rectional C Register, OEGREE PHYS LY DIRECTOR LJ PHYS. LJ 5/11/68
22d. PHYSICIAN'S 22e. ADDRESS
22d. PHYSICIAN'S NAME (Type) Richard C. Reynolds  22e. ADDRESS 804 Toll House Ave Fred.Md
22d. PHYSICIAN'S NAME (Type) Richard C. Reynolds  22e. ADDRESS 804 Toll House Ave Fred.Md  23d BURIAL, CREMATON, 23b DATE  23c NAME OF CEMETERY OR CREMATORY  23d LOCATION (City or Town) (County) (Store)
22d. PHYSICIAN'S NAME (Type) Richard C. Reynolds  22e. ADDRESS 804 Toll House Ave Fred.Md

F 9 . . 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED NAME First Lost 2g. DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death May Month (Type or print) Rose Dorothy Rakower 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 3. SEX lest birthday) DAYS August 18,1887 White Female To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Land paper". Frederick U. S. A. WIDOWED PC D VORCED within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12a USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 15 South during most of working life, even if retired ) Government remove carbon Frederick Carroll Street completely signed by the offending physicion and complete burial-tronsit permit. Then please remove carb burial, cremation, or removol, ond in ony event, ' 130 USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY JMITS? admission) STATE 13b COUNTY rick YES 50 NO [ 15 South Carroll Stre et Frederick 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First M-ddle Eirst Engelbrecht Ida Debring John Address rederick, Md. 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or upknown) irs. Mudrey Maupin, 325 W. 7th. Street, 18. CAUSE OF DEATH (Enter only one cause per inne\_for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) TARCINOMA 18 months DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be refamed by the hospital or attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been CERT, FICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? certificate has ched for use pt. of Health p NO E YES [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a I certify that (1) (this haspital) attended the deceased from 19 (3), 19 (3), ta 5 /3 , 19 (3), that (1) (we) last saw the deceased alive an 12 (4) 19 (5) and that in (my) (our) apinian death accurred an the date and have and from the O FUNERAL DIRECTOR: After þ director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) New the bady after death. 22b. SIGNATHRE 22¢ DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. мау 2, 1968 DEGREE PHYS 22e ADDRESS 22d PHYS.CIAN S NAME (Type) Richard C. Reynolds, M. D. 804 Toll House Ave, Frederick, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL CREMATION, REMOVAL (Specify) Mount Olivet Cemetery Frederick Md. Frederick Ltchison & Son, Frederick, Mary Land 2Sb. REGISTRAR S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

DATE

Charles

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) NELLIE VIRGINIA REMSBERG May 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years July 5, 1886 Female White 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Wirginia U. S. A. DIVORCED [ Frederick WIDOWED [ 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR awe street oddress)
Prederick memorial Hospital housewile "fe, even if retired) Frederick 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission STATE YES 🚚 NO F Adamstown Admast 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Last Lost Edward Shaefer Sarah Fry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) Walter Remsberg, Adamstown, Laryland, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY persone i congestive julio DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES -NO 🔲 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy (If either, notify medical examiner) P.M. 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f LOCATION Street or RFD No. City or Town County State While Not while at work causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED Hay 23,1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Rex R. Jartin. 220 N. Market St. Frederick, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a BURIAL, CREMATION REMOVA (Sperify)

Lount Olivet Cemetery

.i. R. stchison & Son, Frederick, Marvland

Frederick

250. REC'D BY REGISTRAR

Frederick

1988 REGISTRAR'S S GMATURED

requires that the death certificate be executed within 114 hours ofter death completely filled in nove carbon paper remove and in ony physician i ease cremation, or removal, by the attending phy ransit permit. Then ol-transit signed to bur of tre os the Page 4 may be retained by the haspital or attending has been detached for use of Dept. of Health p OR ATTENDING PHYSICIAN: TO FUNERAL DIRECTOR: After this certificate be de Stote I director, page 3 should VR ATS M 30M REV. IX

24. FUNERAL DIRECTOR

forerol for ond 2 fer death,

<u>c</u>



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31056 CERTIFICATE OF DEATH First Middle 20. DATE OF DEATH 1 DECEASED NAME lost 2b HOUR eoth, requires that the death certificate be executed within 24 haurs after death pnd **Tagera** (Type or print) May Month Ridge Charles E. 4 RACE 3 SEX S DATE OF BIRTH 6 AGE (In years OF UNDER 1 YEAR IF UNDER 24 HRS. white Aur. Il. 1889 1031 (Birthdoy) male To BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [7] NEVER MARRIED [ aryland USA and campletely filled in Frederick DIVORCED [ WIDOWED EXT 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR guye street oddress)
Fred rick Memorial during most of working life, even if retired.) INDUSTRY carban Frederick Oun Farm 13a USUAL RESIDENCE (Where deceased fived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY , MITS? odmission) STATE 13b. COUNTY remave Churmont Fred. RD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Grant Ridge Marv Wolfe please signed by the attending physician burial-transit permit. Then please ar remaval, and 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Wayn sbore (II yes give war ar dates of service) Yes, no, or unknown) 220-111-621 2020 I'rs. Dora Kershner Pa. Ave APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: FRE BRAL 1HROMBOSIS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) ARTERIUSCLEROSIS LOENERALIZED rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO F O FUMBRAL DIRECTOR: After this certificate 21e ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 4/36, 19/68, ta 5/4, 19/68, that (I) (we) last saw the deceased alive-on 5/3 19/68, and that in (fay) (aur) apinian death accurred an the date and haur and fram the causes stated above. ((1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR director, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS Toll House Ave. NAME (Type) Frederick R.C. Reynolds 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE (County) TREMOVAL (Spelify) 5-7-68 United Brethren Cem. Thurmont r'red. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR & SIGNATURE VR A15 (4) 30M REV. 1/68 hurmont



TO NOSPITAL OR ATTEMPTING PRYSELIN: The law maying that the death certificate be exacuted within 24 haussafter death

Page 4 may be retained by the Caspital ar attending Physician.

30M REV

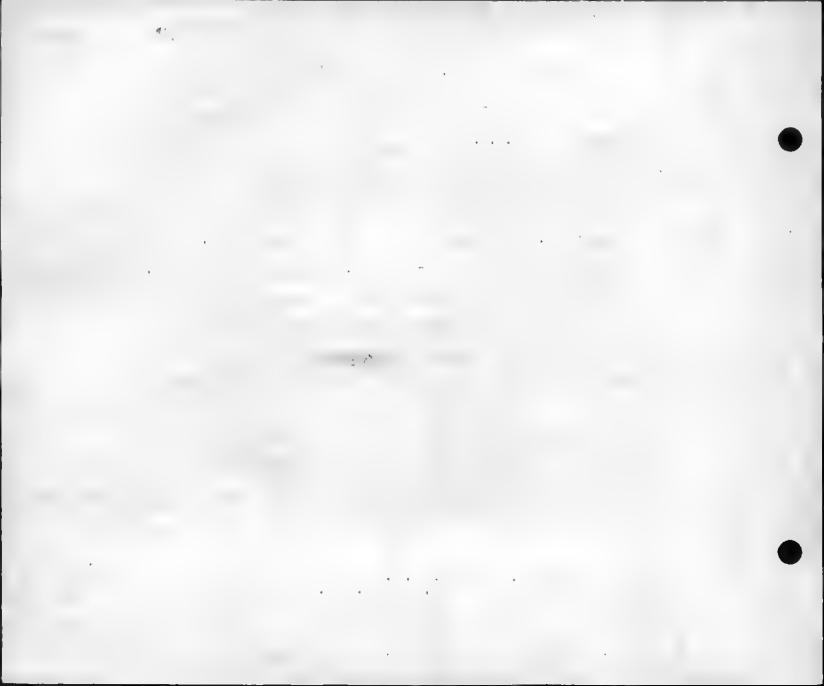
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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3 5	EX	4 RACE			S DATE OF I			6 AGE (in year		F JMDER I YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS   MIN.
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70	BIRTHPLACE (State or foreign	76. CITIZEN O	F WHAT COUNTRY?	8 MARRIE	D NEVER MA		9. COUNTY O	F DEATH			
COTI	miny)	υ.	S. A.	WIDOWE		RCFD 🗍	Fre	derick			Md
	CITY OR TOWN OF DEATH		11 NAME OF HOSPITALOR IN give street address) FIEG Md. Odd Fel	der <b>ic</b>	not in hosp to			(Kind of work Life, even if ret		126. KIND OF INDUSTRY	BUSINESS OR
	Frederick										
130 00m	USUAL RESIDENCE (Where d	eceosed lived, if no		13c. CITY		13d INSIDE (ITY LIN		reet and nume 7 Stone			
	Aryland			west	minster	240		·		ರ 🌶	
14	FATHER'S NAME First	Midd			IS. MOTHER S A	MAIDEN NAME FII			ddle	70	Lost
	Augustus	P.				Anna	C	atherin		Bro	WIL
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			per line for (a), (b), and (c).	)	1 -1	_	` X .	**		APPROX BETWEEN (	MATE INTERVAL DISET AND DEATH
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CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATION WAS PE	RFORMED	20a AUT	OPSY?	20b I	F YES, WERE FINE	DINGS CON	SIDERED IN C	ERTIFYING
SE		,			YES	NO	CAUSE	S OF DEATH?			
	210 ACCIDENT WAS UNDE	RLYING 216 TIN	ME OF INJURY	21c.	HOW INJURY OF	CURRED (Enter	noture of inju	ry in Port 1 or 1	Port 2, Ite	m 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE O		D. 44			· ·	·			·	
MED	(If either, notify medical e		JRY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.		IOCATION Str	et or R.F.D. No.	Cih	y or Town		County	Stote
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	of work of work	(this bassital)	gttended the decease	od from	6.41	10 /	7. ta //	70 2	19/	that	(I) (we) last
	saw the decease	d alive on	Philip 19	9	nd fhat in (r				نصورت ر the date	and hour	and fram the
	causes stated a	bove, (I) (we) (c	did) (did not) view the	bady afte	r death.	.,,,,,					
	226 SIGNATURE	16.	1/		ATTEND	ING ME	ED	STATE		TE SIGNED	
П	1 757:14	EAL +	4. mas to	DE	GREE PHYS		RECTOR	PHYS.	May	22, 1	.968
	22d. PHYSICIAN'S	V	//		22e. AD						
	NAME (Type) Dr	.Bernar	d O.Thomas	Jr.	228	N. Mar	ket St	Frede	rick	Md.	
		23b DATE	23c NAME OF	CEMETERY C	R CREMATORY			ON (City or Tow	n)	(County)	(Stote)
E	REMOVAL (Specify)	liay 22,	1,968 Kreide	r Cem	etery		Westn	ninster	Car	roll	Lid.
24.			/5// ABBAbas			2So REC'D BY	Y REGISTRAR	25b REGI	-		
	C. O. Fus	s& Son,	Paneytovn,	aryla	ind	DATE M	AY 2.4	1968	golu	mes S	udal



1,	1		DHVi	SION OF VITAL R	ARYLAND STA	TE DEPARTMENT ( PRESTON STREET, B	OF HEALTH ALTIMORE, MARYI	LAND-21201-		
FOR STAT	E /	1te	ms 21a-22a F	JTM HWEDI		ER'S CERTIFICAT		02002	,	- 3
HEALTH DE	PI		CEASED-NAME ype or Print) MIC	First CHAEL	Middle P.	SLAVO	TINEK	20 DATE KNOWN NO NO STATE STILL STATE STILL STATE STAT	North Day Year 17 15	26 HOU
y deloy ond 3 PM3 Pog artigen		3 SE	X 4 RACE	S. DATE OF BI		AGE (n years F JNOER 1 YE) OST brithday) MONTHS DAT YRS		2c DATE PRONOUNCED DE	AD Y 17 Year 19 6	8 2d. HOU
s 1, 2, arm P			RTHPLACE (State or foreign  (Y) Maryland	76 CITIZEN OF W		8 MARRIED NEVER	MARRIED X 9 COU	INTY OF DEATH Freder	rick	1
e Page			TY OR TOWN OF DEATH		street oddress)	INSTITUTION (If not in hosp  Ith Mountain		CCLPATION (Kind of work i If working afe, even if ret		USINESS OR
s after de 18 Give e along w	death		USUAL RESIDENCE (Where of mission) STATE Mary	eceosed lived, if institution and 13b COUNTY ]	ution: Residence bet	Elkridge	AEZ   NO [X]	13e. STREET AND NUMBER 2007 Furna		21227
hours Item 1 Office	ofter	14 F	ATHER S NAME First	Middl	e (o	st 15 MOTHER S	MAIDEN NAME First	Middle	L	.ast
24	rs 0		Anthony		tinek		Charlotte	M. Shinnar	mon	
I within 24 in pencil in Exominer's Exominer's Fise podes	hours		VAS DECEASED EVER IN U.S. AF es, no, or unknown) (If	MED FORCES? es give was or dates of service)	166 SOCIAL SECURIT 220-56-8		hany Claye	ADDRESS tinek, 2007	Furna oo A	***
with pe Exon	1 72		10 calles of pearl (		-		nony Stave	cinek, 2007	APPROX M	ATE INTERVAL
ol i	within		18. CAUSE OF DEATH (En: PART I. DEATH WAS (	AUSED BY: MEDIATE CAUSE (a)	Fracture	ed skull, 1			BETWEEN ON	SET AND DEATH
be execu- "pending nef Medic	-		Cand trans, if any, which g	DUE 10, OI	crushed	of chest, mul	ltiple fr	actures		
should be to word "per o the Chief buriol-transit	in ony		stating the underlying co		as a consequence interna	of injuries				
ev == ~~	ıl, and	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE OR CONDIT C	ON GIVEN IN PART 1(a)		
fo fo		CERT FICAT ON	19a DATE OF OPERATION		19b. CONDITION FOR WAS PERFORM				20. AUTOI YES [	
d b	. 5	MEDICAL CER	210 EXTERNA, CAUSE WAS PRIMARY X. OR CONTRIBUT CAUSE OF DEATH		M 5/15 1		OCCURRED (Enter natu	re of njury in Port 1 or Po ish	ort 2, Item 18)	
EXAMINER: cute the cert age 4 should r your files.	cremotion,	MEI	21d INJURY OCCURRED  WHILE AT WORK AT WORK	21e PLACE OF INJURY foctory, off ce, build MOULT	(At home, form, stree ng. etc.) 1621ns			Oty or Town nr. Frederic	County .	State Md.
xecul Yegg for y	rial,					ibed above, held an A		spection [], Inqui	. —	my apinia
SSE e ector ined	o po		death resulted fro	m: Natural cau	ses [], Accid	ent 🗷, Suicide 🗀			nner 🔲	
y, please rol direct eretaine	prior t		ACTUAL SIGNATURE	T A I	Dura		CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXA	AMINER 226	DATE SIGNED 5/17/0	68
o DEPUTY necessory, the funeral 5 may be 6 FUNERAL	ealth		EXAMINER'S Rob NAME (Type) 812	TolyHou	nomas, M se Ave.,	Fred. Md.	DEPLTY MEDICAL EXAMI ADDRESS(Street, city, to	1351/	2/21/	
5 ± 2 5			BUR A. CREMATION, BURLAL BURLAL	23b DATE 5-20-1968	B Meado	of CEMETERY OR CREMATOR  owridge Cemet		tocation (City or Town) Howard Count		(State) L <b>d</b>
VR A15M. 10M REV	EU		funeral director oward H. Hub	oard, 4107		Ave. 21229	DAMAY 2	2 1968 256 REGIS	IRAR LOLGHANDROLOGY	الم



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED NAME First Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) Month William Edward Thompson 1968 3. SEX 4 RACE S DATE OF BIRTH IF LINDER 24 MRS. 6. AGE (In years d completely filled in by the furnave carban papers. Pages I lost birthdoy) MONTHS HOURS requires that the death certificate be executed within 24 hours aft Megre 1-17- 1907 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARR ED WIDOWED DIVORCED Frederick U.S.A. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT On (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Frederick Memorial during most of working fe, even if retired)
Truck Driver INDUSTRY Frederick Ft.Detrick 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY remave Frederick Frederick McMurray St and in any 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First William NMN Bertha NMN Thobbs Thompson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Fred Md Yes, no, or anknown) (If yes give war or dates of service) burial, crematian, ar remaval, 219-03-6788 Pauline Thompson 114 McMurray St 18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE, BRONCHO PNEUHONIA Week Conditions, if ony, which gove DUE TO, OR AS A CONSEQUENCE OF signed by the c bur al-transit p 16) POLYCYSTIC DISEASE OF BOTH KIDNEYS AND LIVER rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) GOUT, secundary to chronic renal disease directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta has been 20h IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES 🔀 NO F O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 210. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY,) While Not while of work

21f. LOCATION Street or R.F.D. No. City or Town

County Stote

22a. I certify that (I) (this haspital) attended the deceased from APR 18 , 1968, ta MAY 1, 1968, that (I) (18) last saw the deceased alive an APR 30 1968, and that in (my) (1968) apinion death accurred an the date and haur and from the causes stated abave. (1) (we) (did) (did nat) view the bady after death.

ATTENDING PHYS.

23d LOCATION (City of Town)

22c. DATE SIGNED

NAME (Type) 23o. BURIAL, CREMATION

22b. SIGNATURE

22d. PHYSICIAN'S

Ralph 23b DATE

22e. ADDRESS Medical

217 61

REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY Fairview

Frederick

25b REGISTRAR S S GNATURE

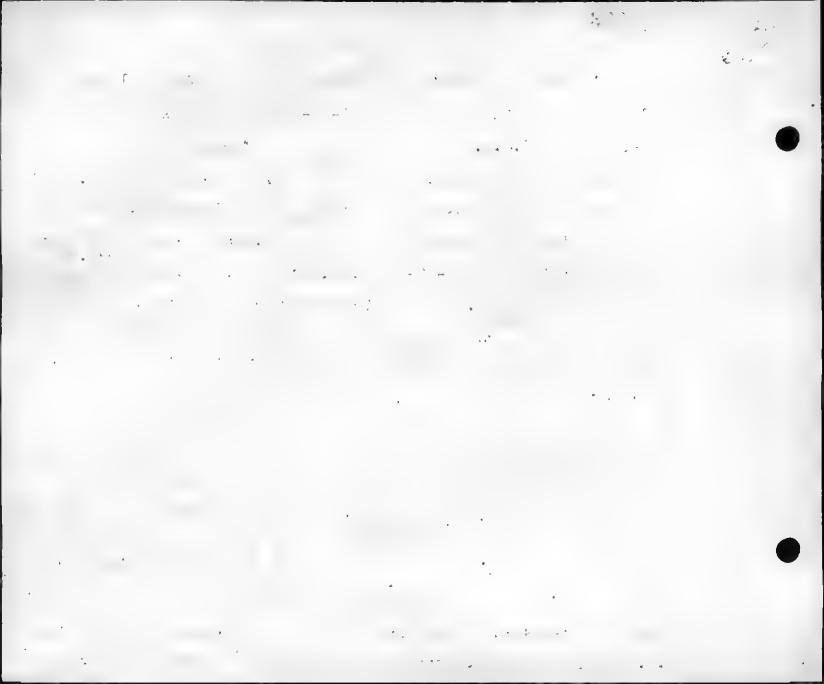
24 FUNERAL DIRECTOR

.E. Hicks. Ill Frederick. Md

2So REC'D BY REGISTRAR DATE

Cliarlas

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

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Frederick, Md.21701

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The law requires that the dmath certificate be mxecuted within 24

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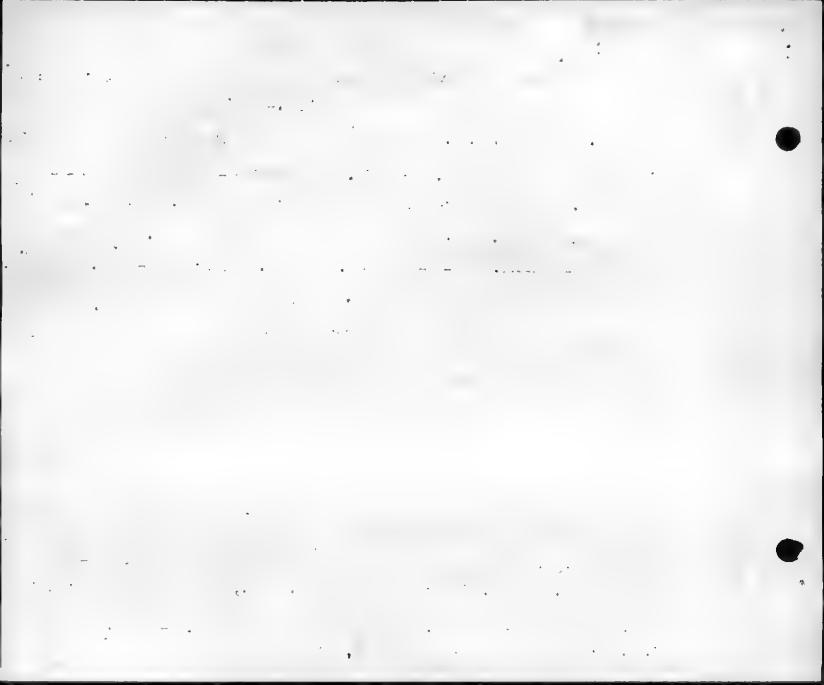
event, 1

physician en please

signed by the attending phy burial-transit permit. Then p burial, crematian, ar removal

be detached far use as the State Dept. of Health priar ta

TO FUNERAL DIRECTOR: After director, page 3 shauld be should be filed with the St



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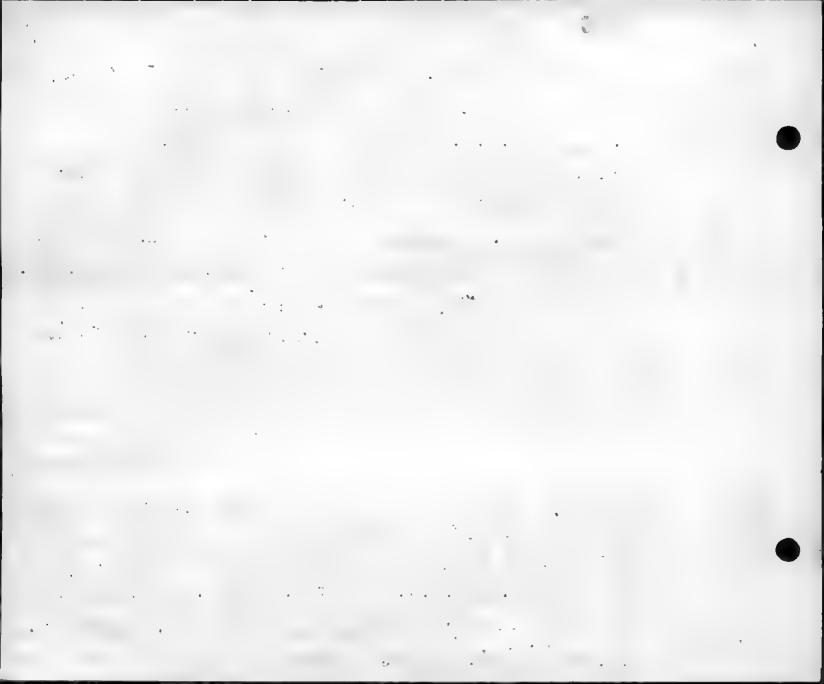
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					·	EKIIFI	CATE UP	DEALL					J /4	
	CEASED NAME	First		Mi	iddle		Last		2a. DATE OF				2b. HOUR	
(1	ype or print)	MYRTL	E	TOMNS:	LEY	W	ENTWORI	H		Month (	Doy	17 Year 68	11 39	N
3 SE	χ		4. RACE				5 DATE OF	BIRTH		6 AGE (In ye			IF UNDER 24 HR	
	Female	9		White			April	8, 19	06	last birthda 62	YRS YRS	MONTHS DAYS	HOURS MI	4
	SIRTHPLACE (Stote	or fareign	76. CITIZE	N OF WHAT COUNTR	543	8 MARRIED	NEVER MA	RRIED	9 COUNTY OF	DEATH				
coun	Pa.		U	. S. A.		WIDOWED	DIVID DIV	ORCED 🗍	Fred	erick				γld
10 0	ITY OR TOWN OF	DEATH		11. NAME OF HOS					AL OCCUPATION			12b KIND OF 8	SUSINESS OR	ī
L	Frede	rick		rederi	čk Mer	noria	l Hospi	tall Te	rier working	liire, even ii re	atired j	Bankir	ng	
		(Where deceos		finstitution Resider	nce befare	13c. CTY C		13d INSIDE CITY L	. —	REET AND NUM		-		
M	aryland		Fre	derick			erick	24		East (	Churc	ch Stree	et	
14 F	ATHER'S NAME	First	1	Middle	Last		IS. MOTHER S. I	AAIDEN NAME I	First		hddle		Last	
	Will				ownsle			Eva			L.	Gilbe	ert	
16a. Y	WAS DECEASED E es, na, or unknow NO	VER IN U.S. ARI	MED_FORCES var ar dates af s		AL SECURITY N		INFORMANT		in .		ddress			
<u> </u>	No			Tgg	05 219	25 M.	issar	ianne i	Wentwor	th, Old	Gree	envich.	Conn .	_
		DEATH (Enfer or ATH WAS CAUSE		se per line for (a), (		11	1 1	1 +	-,			BETWEEN ON	SET AND DEATH	
	TAKTIOL		ATE CAUSE	(o) 7/L	foca	rdin	1 mg	with	1771			300	eys,	
	Canditians, if ar	1		TO, OR AS A CONSP	QUENCE OF	1 -	4	1	. 0	11		× 1	2	
	rise to immedi	ote couse (a),		(b) (6) 14	occ	erpu	1 Car	ey-yell	icalar	Misen	21	1	No.	_
	stating the una	lerlying cause	DUE	TO, OR AS A CONSE	QUENCE UF							1		
		SICNIEICANT CO	UDITIONS C	(c)ONTRIBUTING TO DE	EATH DUT NO	T DE ATEN	TO THE TERMIN	AL DICEASE OF	CONDITION CIVE	N IN DADT 1/o	\			=
	PAREZ OTHER	SIGNIFICANT CO	ADITIONS É	DHIK BUTING TO DE	DATE DOT INC	AL REGALED	TO THE TERMIN	AL DISCASE OK	CONDITION SITE	IN IN PART I(U)	,			
NOIL	19a, DATE OF OPE	RATION 119b	CONDITION	FOR WHICH OPERAT	TION WAS PER	FORMED	20a. AU	OPSY?	206. 1	F YES WERE FIN	NDINGS COL	NSIDERED IN CER	RTIFYING	
CERTIFICATION	TAL DATE OF OTE		(011011	100 11110110101011		-	YES			S OF DEATH?				
CERT	21a. ACCIDENT	WAS UNDERLYII	VG 21b	TIME OF INJURY		21c.	HOW INJURY O	CCURRED (Ente	er tature of inju	iry in Part 1 ar	Port 2, Ite	em (8.)		_
MEDICAL	OR CONTRIBUTING			UR A.M. Month	Doy Year			·		•		·		
MED	21d. INJURY OC	CURRED   21e		INTERY / AT HOME, FA	RM, STREET, FACT		LOCATION Str	eet or R.F.D. No	a. City	or Town		County	State	_
	While Nat v	while		OFFICE BUILD	DING, ETC.	-1	1 4			,				
	22a.   certif	v that (I) (#	is hospit	al) attended th	e decease	d from_	lily		12. ta 1			68 , that		
	saw the	deceased a	live an_	may 1.	Z11	9 L.K. G	ne thaf∕in (i	ny) (aur) ap	uniañ death	accur <b>l</b> ed an	the date	e and haur a	ind fram t	n e
	22b SIGNATURE	statea abav	e, (1) ( <del>we</del>	(dia) (did not)	view the t	oady affe	r death.				32. D	ATE SIGNED		_
	220 SIGNATURE	Po It	m /	12/2	1	DE	GREE PHYS		MED DIRECTOR	STAFF PHYS.	1 2/	ANI 17	1918	
	22d. PHYSICIAN	8/0	9		70	01.	22e. At	emer (	DIRECTOR -	PH13.	1/1	My / IV	160	
	NAME (Type		Ŕoy T	. Davis,	M. D.		228	N. Ma	rket St	. Fred	erick	[ Jary]	Land	
	BURIAL, CREMAT	ION, 23b.	DATE				R CREMATORY			ON (City or Tax		(County)	(State)	
	BENOAV (1 becit	y) l.la	y 21,	1968 ni	ount (	Dliye'	t Cemet	ery	Fred	erick,	Fre	deick	md.	
24	FUNERAL DIRECTO	OR CL	upl'				ale y		BY REGISTRAR		GISTRAR'S S		dgt	
	M. R	. Ltchi	son &	Son, Fr	ederi	ck, M	ryland	DATE MA	V 2 2 1	958 '	1 400	to The	7	

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, Pages and the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 12 thaurs filled in I Page 4 may be retained by the haspital or attending physician.

VR (15 (4) 30M REV. 1/6



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	3	77	0	5	10
1.	DECEASED	NA	ÁΕ		

7a BIRTHPLACE (State or foreign

Yes, no. of unknown)

(Type or print)

3 SEX

Middle

S. DATE OF BIRTH

2a DATE OF DEATH 2b. HOUR 30 Manth IF UNDER 24 HRS IF JNDER I YEAR 6 AGE (In years HOURS last birthagy DAYS

B. MARRIED [] NEVER MARRIED 9. COUNTY OF DEATH DIVORCED WIDOWED

12a

LSUAL OCCUPATION (Kind of work dane 2b. KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY

TO CITY OR TOWN OF DEATH NAME OF HOSPITA. OR INSTITUTION (If not in hospital give street address) 13a. USJAL RESIDENCE (Where deceased lived, it-institution Residence before 13c CITY OR JOWN admissión)

7b. CITIZEN OF WHAT COUNTRY?

13d JASIDE CITY LIM TS? 13e STREET AND NUMBER LYES 🟋 IS. MOTHER'S MAIDEN NAME First Middle

44 FATHER'S NAME Middle Lost First 166. SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

( tyes give want produtes of service)

1B. CAUSE OF DEATH (Enter only one cause per line for (a).

INFORMANT

Address

Canditions, if any, which gave ) rise la immediate cause (a), stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

PART I DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

NO [

WIRE FINDINGS CONSIDERED IN CERTIFYING 20b IF YES,

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [

CAUSES OF DEATH?

CERTIFICATION 21g. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. NJURY OCCURRED

216 TIME OF INJURY HOUR A.M. Manth Day Year P.M.

OFFICE BUILDING, ETC

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

216 PLACE OF INJURY / AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No.

City or Town

County State

Last

APPROX MATE INTERVA

BETWEEN ONSET AND DEATH

While Not while at wark at wark 220. I certify that (I) (this hospital) attended the deceased frame

1965 and that in (my) (our) apinian death occurred on the date and hour and from the saw the deceased alive on Muy 16 couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

PHYS. 22e. ADDRESS

DIRECTOR

22c. DATE SIGNED

22d. PHYSICIAN S NAME (Type) 23a BUR A. CREMATION

23b DAT

23d TOCATION (County)

director, page 3 shauld should be filed with the REMOVAL (Specify)

FUNERAL DIRECTOR

ADDRESS

REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: After this certificate VR A15 (4 30M REV. 1/68

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attemding physician.

by the haspital or

be retained

Page 4 may b

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physician a

signed by the attending phy burial-transit permit. Then burial, crematian, ar remaval

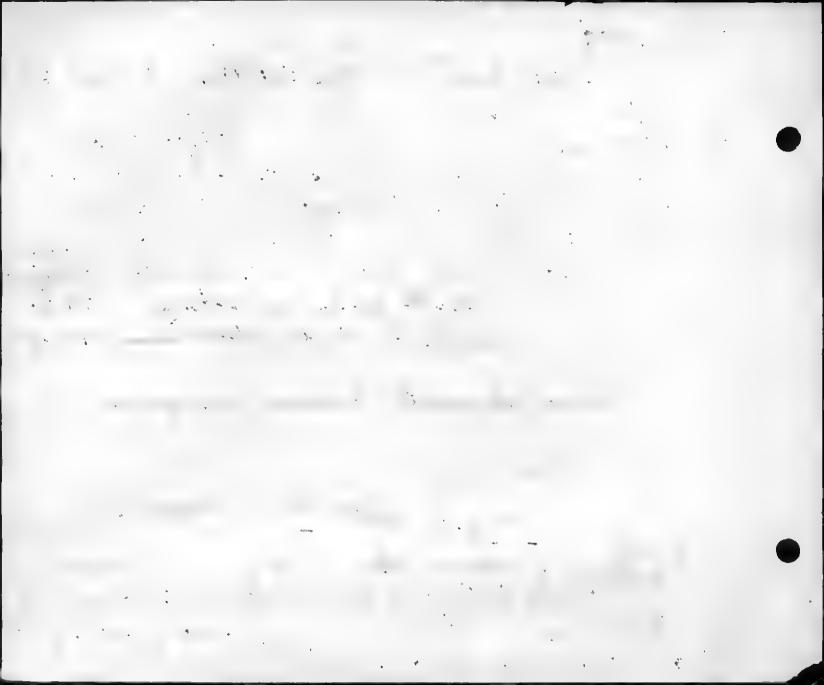
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use

be detached far use State Dept. of Health

Pages 1

remove carban and in any event, wil



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 244

Page 4 may be retained by the haspital or attending physician.

**70 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72

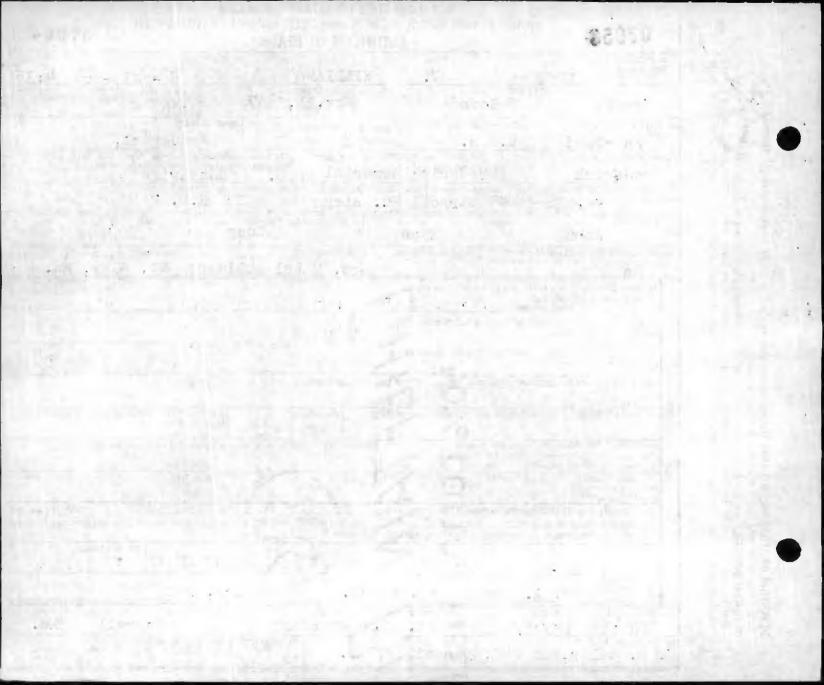
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07064

				L-17 1 11				DARE OF OPANI			101 110111
		ECEASED-NAME Type or print)	First	Middle		Lost	2a.	DATE OF DEATH Ma	ath Day	Vans	26. HOUR A
	1	Abs at bunit	LUCY	V.	WII	LIAMS		5	13	- 68	3 4:35M
5	3. 5	Χ	4. RACE		5	. DATE OF BIRTH		6. AGE	(In years	IF UNDER I YEA	
	1	Female		lored	1	lov. 25,	1867	last t	irthday)	MONTHS DA	AYS HOURS MIN.
		- cmarc				.0.0.0		10	O YRS.		
		BIRTHPLACE (State or for	eign 7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	INTY OF DEATH			
	cau	Marylan	II b	S.A.	WIDOWED	DIVORCED		Fred	erick		ud
	10	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR II				UPATION (Kind a		-	OF BUSINESS OR
-	200			nive street address	ion ii) worrollice	- di	ring mart of	PATION (KING G	n if raticad )	INDUSTRY	
11		Frederick		rederick	Memor	lal Hosi	0 •	Housev	ife		
. 1	13a.	USUAL RESIDENCE (When	re deceased lived, if in	stitutian: Residence befare	13c. CITY OR 1		IDE CITY LIMITS?	13e. STREET ANI	NUMBER		
de	adm	issian) STATE Mar	VI and Bb. COM	M Carroll	Mt. A	TOV YES	NO X	R.D.	2		
			7						4471.0		
2	14.	FATHER'S NAME Firs				MOTHER'S MAIDEN I	NAME First	-	Middle	?	Last
		Joh	ın	Ryai	n.		Lucy	,		*	
	Ιóσ	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. IN	ORMANT			Address		
	,		(If yes give war or dates of servi	ce)	Mn	s. Mabel	7 14777	iome	Mt. A	าำ พระ	MA
		No				o. mane.	T AATTI	Liams	DIO D		ROXIMATE INTERVAL
		18. CAUSE OF DEATH	(Enter only one cause p	per line far (a), (b), and (c	).)						EN ONSET AND DEATH
		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)	ASHD W	with C	HF.					
		11100									
		7/27	,	OR AS A CONSEQUENCE OF							
		Canditians, if any, whi rise to immediate car	ch gave) (b)								
		stating the underlying		OR AS A CONSEQUENCE OF	F						
		last.	(c)								
		DADY 2 OYUED CICAUS	CALLE COMPLETIONS COM	TRUE LITATE OF SHITLINGS	HOY DELAYED YO	PUE TERMINAL DISCA	ACC OD COMPLET	ON CHUCK IN DAD	T 1(-)		
			CANT CONDITIONS TONI	RIBUTING TO DEATH BUT I	NOT KEDATED TO	THE TERMINAL DISEA	ASE ORCONDITION	ON GIVEN IN PAR	1 1(0)		
	3	4200			3 T 16						
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		20b. IF YES, WE		ONSIDERED IN	N CERTIFYING
1	1					YES 🗀	NO 🖂	CAUSES OF DEA	TH?		
1		21a. ACCIDENT WAS U	NOFPLYING 1216 TH	WE OF INJURY	Tare HOL	V INJURY OCCURRED		of injury in Par	1 or Door 2	Itam IRS	
		OR CONTRIBUTING CA				TINDUKT OCCURRED	(tener morale	s or injury in roi	I I UI FUEL Ze	nem ro.;	
	MEDICAL	(If either, natify medic	al examiner)	P.M.	19						
	×	21d. INJURY OCCURRED	21e. PLACE OF INJ	URY ( AT HOME, FARM, STREET, F.	ACTORY.   21f. LOC	ATION Street or R.	.F.D. Na.	City or Town		County	State
		While Not while		TOPPICE BUILDING, EIC.	1	1 1		1	1		
		BU WUIK UI WUIK	- 1	o A Lib I	1.5	10/10	10	ha 5/13	11 1-10	Al	-A (1) (
		220. I certify that	(1) (IIIIs-nospiiai)	attended the decease	sed from	1 -1 -1 -1	, 17	10 0/10	768,19	, 111	hat (I) (we) last or and from the
		saw the dece	ased alive an	1: 1\ (1: L) (1: L)	.17, and	mai mrimy) (oe	er, apinian i	aeain accurre	a an ine ao	ire and na	ur and tram the
			a abave, (i) (we) (	did) (did nat) view the	e body urier be	:uIII.					
		22b. SIGNATURE	7 + 1	7		ATTENDING 2	MED.	STAFF		DATE SIGNED	1
		(1.)	lusten (	Keane.	DEGRE	PHYS.	DIRECTO	R L PHYS.		5/13/	168
1		22d. PHYSICIAN'S			)	22e. ADDRESS	1				
1			Dr. A. Au	stin Pear	re. Jr	Fr	ederi	ck, Mar	ryland	1	
										P	
5	23 a	BURIAL, CREMATION,	23b. DATE		CEMETERY OR C			LOCATION (City		(County)	(State)
X		REMOVAL (Specify) Burlal	5/17/19	700		Cemeter	У		Carro	DIT	Md.
Y	24.	FILINERAL DIRECTOR		ADDRES	S	2Sa.	RECOM BY REG	1968 1968	REGISTRAR'S	SIGNATURE	0
58	C	. M. Walt	z Box 24	1,Sykesvil	le, Md	DATE		r 0 1000	1	-rug,	And I want
	1		-	* *	*	DATE			W		/ W



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and 2 leoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. A should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours.

30M REV. 1/68

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME First		the less	.LS	o. DATE OF DEATH  5 Month 26	Day 6 8 Year	2b. HOUR 7 30 M
3. SE	×F	4. RACE WHITE	5. DATE OF		6. AGE (In years lost birthday)	IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. E	IRTHPLACE (State or fareign try)   D	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER M. WIDOWED   DIV	AKKIED	OUNTY OF DEATH		Md.
F. 130.	ITY OR TOWN OF DEATH  REDERICE  USUAL RESIDENCE (Where deceo ssion) STATE  OTHER  OTHE	11. NAME OF HOSPITAL OR IN give street oddress)  FREDERICK (Isseed lived, if institution: Residence before 13b. COUNTY FRED ERIC	13c. CITY OR TOWN	12a. USUAL OC during most o	CCUPATION (Kind of work dor f warking life, even if retired 13e. STREET AND NUMBER	I.) INDUSTRY	BUSINESS OR
14. 1	ATHER'S NAME First WAS DECEASED EVER IN U.S. AR.	Middle Clast	IS. MOTHER'S  MAKE  17. INFORMANT	MAIDEN NAME First	Middle Address	HOLBR	Lost
	18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave prise to immediate cause (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF CONSEQ						IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED  190. ACCIDENT WAS UNDERLYING 216-TIME OF INJURY  216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
MEDICAL	22a. I certify that (I) (the saw the deceased of		sed from \$\frac{1}{2} \\ 21f. LOCATION Str	reet or R.F.D. Na.	City or Town , to 3/26/60.	County	Stote  (I) (we) last and fram the
	226. SIGNATURE  Land Degree ATTENDING MED. DIRECTOR DIRECTOR STAFF DERICK STAFF DER						
	BURIAL (REMATION 23b. REMOVAL (Specify)  FUNERAL DIRECTOR	728/68 MT		25a. REC'D BY RE	GISTRAR 2Sb. REGISTRA	(County)  RO FR  R'S SIGNATURE	ED. Mi

